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| <p>IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO EASTERN DIVISION</p> <p>-----x</p> <p>IN RE: NATIONAL PRESCRIPTION) MDL No. 2804 LITIGATION) Case No. 17-md-2804 This document relates to:) Hon. Dan A. Polster All Cases)</p> <p>-----x</p> <p>HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW VIDEOTAPED DEPOSITION OF BRIAN MUNROE WASHINGTON, D.C. TUESDAY, MARCH 19, 2019 9:14 A.M.</p> <p>Reported by: Leslie A. Todd</p> | <p>1 Deposition of BRIAN MUNROE, held at the offices 2 of: 3 4 5 ARNOLD & PORTER KAYE SCHOLER, LLP 6 601 Massachusetts Avenue, N.W. 7 Washington, D.C. 20001 8 (202) 942-5000 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> |
| Page 3 | Page 4 |
| <p>1 APPEARANCES</p> <p>2</p> <p>3 ON BEHALF OF THE MDL PLAINTIFFS:</p> <p>4 PARVIN AMINOLROAYA, ESQUIRE</p> <p>5 SEEGER WEISS, LLP</p> <p>6 77 Water Street, 8th Floor</p> <p>7 New York, New York 10005</p> <p>8 (212) 584-0700</p> <p>9</p> <p>10 ON BEHALF OF THE TENNESSEE PLAINTIFFS:</p> <p>11 TRICIA HERZFELD, ESQUIRE</p> <p>12 BRANSTETTER, STRANCH & JENNINGS, PLLC</p> <p>13 223 Rosa L. Parks Avenue, Suite 200</p> <p>14 Nashville, Tennessee 37203</p> <p>15 (615) 254-8801</p> <p>16</p> <p>17 ON BEHALF OF ENDO PHARMACEUTICALS and PAR:</p> <p>18 JOSHUA M. DAVIS, ESQUIRE</p> <p>19 WREDE SMITH, ESQUIRE</p> <p>20 ARNOLD & PORTER KAYE SCHOLER, LLP</p> <p>21 601 Massachusetts Avenue, N.W.</p> <p>22 Washington, D.C. 20001</p> <p>23 (202) 942-5000</p> <p>24</p> | <p>1 APPEARANCES (Continued):</p> <p>2 JOBINA JONES-McDONNELL, ESQUIRE</p> <p>3 ENDO PHARMACEUTICALS</p> <p>4</p> <p>5 ON BEHALF OF THE WITNESS:</p> <p>6 WALTER W. COHEN, ESQUIRE</p> <p>7 OBERMAYER REBMANN MAXWELL & HIPPEL LLP</p> <p>8 200 Locust Street, Suite 400</p> <p>9 Harrisburg, Pennsylvania 17101-1508</p> <p>10 (717) 234-9730</p> <p>11</p> <p>12 ON BEHALF OF WALMART:</p> <p>13 SHIRLETHIA V. FRANKLIN, ESQUIRE</p> <p>14 JONES DAY</p> <p>15 51 Louisiana Avenue, N.W.</p> <p>16 Washington, D.C. 20001-2113</p> <p>17 (202) 879-3939</p> <p>18</p> <p>19 ON BEHALF OF PURDUE PHARMA:</p> <p>20 NICHOLAS A. NOVY, ESQUIRE</p> <p>21 DECHERT, LLP</p> <p>22 Cira Centre, 2929 Arch Street</p> <p>23 Philadelphia, Pennsylvania 19104-2808</p> <p>24 (215) 994-4000</p> |

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|--------|---|---------|--------|---|------|
| 1 | APPEARANCES (Continued): | | 1 | APPEARANCES (Continued): | |
| 2 | | | 2 | | |
| 3 | ON BEHALF OF ADAM KASAAB: | | 3 | SARAH MILLER BENOIT, ESQUIRE | |
| 4 | J MICHAEL CONNOLLY, ESQUIRE | | 4 | (Remote Streaming) | |
| 5 | CONSOVOY MCCARTHY, PLLC | | 5 | ULMER & BERNE, LLP | |
| 6 | 3033 Wilson Boulevard | | 6 | 65 East State Street | |
| 7 | Suite 700 | | 7 | Suite 1100 | |
| 8 | Arlington, Virginia 22201 | | 8 | Columbus, Ohio 43215-4213 | |
| 9 | (703) 243-9423 | | 9 | (614) 229-0000 | |
| 10 | | | 10 | | |
| 11 | ON BEHALF OF McKESSON CORPORATION: | | 11 | ON BEHALF OF AMERISOURCEBERGEN: | |
| 12 | GABRIEL FULMER, ESQUIRE | | 12 | M. PATRICK YINGLING, ESQUIRE | |
| 13 | COVINGTON & BURLING LLP | | 13 | (Remote streaming) | |
| 14 | One CityCenter | | 14 | REED SMITH LLP | |
| 15 | 850 Tenth Street, NW | | 15 | 10 South Wacker Drive, 40th Floor | |
| 16 | Washington, DC 20001-4956 | | 16 | Chicago, Illinois 60606-7507 | |
| 17 | (202) 662-5769 | | 17 | (312) 207-2834 | |
| 18 | | | 18 | | |
| 19 | ON BEHALF OF WEST VIRGINIA BOARD OF PHARMACY: | | 19 | ALSO PRESENT: | |
| 20 | HARRISON CYRUS, ESQUIRE (Remote Streaming) | | 20 | ERICA KUBLY, Seeger Weiss, Law Clerk | |
| 21 | BAILEY & WYANT, PLLC | | 21 | SCOTT SIEGEL, Seeger Weiss, Paralegal Manager | |
| 22 | 500 Virginia Street East, Suite 600 | | 22 | JEFF SAYRES, Trial Consultant | |
| 23 | Charleston, West Virginia 25301 | | 23 | DANIEL HOLMSTOCK, Videographer | |
| 24 | (304) 345-4222 | | 24 | | |
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| 1 | PROCEEDINGS | 1 | Q Good morning, Mr. Munroe. |
| 2 | ----- | 2 | A Good morning. |
| 3 | THE VIDEOGRAPHER: We are now on the | 3 | Q Have you ever been deposed before? |
| 4 | record My name is Daniel Holmstock I am the | 4 | MR. DAVIS: I just want to put a |
| 5 | videographer for Golkow Litigation Services | 5 | statement on the record before we get going. |
| 6 | Today's date is March 19th, 2019, and the time on | 6 | It's -- we went on the record at 9:15. Mr. Munroe |
| 7 | the video screen is 9:14 a m | 7 | was in the chair at 9:00. MDL plaintiffs' counsel |
| 8 | This video deposition is being held at | 8 | wasn't even in the building until 9:07. I think |
| 9 | the law offices of Arnold & Porter Kaye Scholer | 9 | it's extremely inconsiderate to all of us here in |
| 10 | LLP, at 601 Massachusetts Avenue, Northwest, in | 10 | the room, and especially Mr. Munroe, given how |
| 11 | Washington, D C , in the matter of In Re: National | 11 | long these depositions have been going. I just |
| 12 | Prescription Opiate Litigation pending before the | 12 | want that on the record. |
| 13 | United States District Court for the Northern | 13 | MS. AMINOLROAYA: Sure. And I |
| 14 | District of Ohio, Eastern Division, MDL No 2804 | 14 | apologize. As I mentioned before we went on the |
| 15 | Our deponent today is Mr Brian Munroe | 15 | record, I have a foot injury that has impeded my |
| 16 | Counsel for appearances will be noted on | 16 | ability to walk, and so I was slow getting |
| 17 | the stenographic record | 17 | together this morning. I think we've been on time |
| 18 | The court reporter is Leslie A Todd, | 18 | before -- we've been at the deposition before the |
| 19 | who will now administer the oath | 19 | start time. I apologize for that. It's |
| 20 | BRIAN MUNROE, | 20 | unexpected. |
| 21 | and having been first duly sworn, | 21 | BY MS. AMINOLROAYA: |
| 22 | was examined and testified as follows: | 22 | Q Mr. Munroe, have you ever been deposed |
| 23 | EXAMINATION BY COUNSEL FOR THE MDL PLAINTIFFS | 23 | before? |
| 24 | BY MS AMINOLROAYA: | 24 | A No. |

1 Q So I'll just go over a few ground rules
2 with you. Your counsel may have gone over them
3 with you before, but just so that we're on the
4 same page, there's a couple of things that will be
5 helpful if we both keep in mind throughout the
6 day.

7 So if you don't understand a question,
8 please tell me. Otherwise -- or you can ask me to
9 rephrase it. Otherwise, the record will reflect
10 that you understood the question.

11 Does that sound fair?

12 You need to --

13 MR. DAVIS: You've got to say yes or no.

14 MS. AMINOLROAYA: Yes.

15 MR. DAVIS: You've got to be verbal.

16 THE WITNESS: Yes.

17 BY MS. AMINOLROAYA:

18 Q Another -- another ground rule that
19 I'll -- I'll let you know is that we need to
20 answer with verbal -- verbal responses. The court
21 reporter can only take down a "yes" or a verbal
22 response, so nods of the head or shakes can't be
23 recorded.

24 Another thing that may happen throughout

1 the day is in the course of normal conversation,
2 it's normal for you to anticipate my question, but
3 again for purposes of having a clear record, let
4 me finish the question, and then you can provide
5 your answer so that we have a clean record.

6 We can take a break whenever you need.
7 If you need a break at any time, that's completely
8 fine. I would just ask that if I've asked a
9 question, you answer that question before we take
10 a break.

11 Does that sound fair?

12 A Yes.

13 Q All right. Do you understand these
14 instructions?

15 A Yes.

16 Q Okay. And -- and as a reminder, you are
17 under oath as if you were in a court of law before
18 a judge, Judge Polster in Ohio. So you must
19 answer fully and include all relevant information
20 in your answer.

21 And if you don't know or can't recall,
22 just say so. We're not looking for any guesses,
23 but we are entitled to your best recollection.

24 Do you understand that?

1 A Yes.

2 Q Thank you.

3 And is there anything we should know
4 that would prevent you from testifying truthfully
5 and to the best of your ability today?

6 A No.

7 Q Okay. Thank you.

8 What did you do to prepare for your
9 deposition today?

10 A I met with my legal team.

11 Q Okay. And whose your legal team?

12 A They're seated to the left of me,
13 representatives from Arnold & Porter, Endo, and
14 Walter Cohen from Obermayer.

15 Q And what's the second firm's name?

16 A Obermayer.

17 Q Obermayer. And does Obermayer represent
18 you personally?

19 A Yes.

20 Q And when did you retain Obermayer?

21 A In preparation for the deposition.

22 Q Okay. And do you remember -- do you
23 recall what date that was?

24 A I don't recall.

1 Q Was it in 2019?

2 A It was in 2019.

3 Q Tell me the name of your lawyer at
4 Obermayer.

5 A Walter Cohen.

6 (Counsel conferring.)

7 BY MS. AMINOLROAYA:

8 Q And how long did you spend preparing for
9 your deposition?

10 A Approximately a dozen hours.

11 Q And was that in one day or multiple
12 days?

13 A Multiple days.

14 Q How many days did you spend preparing?

15 A I prepared on four separate days for
16 several hours each day.

17 Q All right. And did you speak with
18 anyone to -- besides your lawyers, to prepare for
19 this deposition?

20 A No.

21 Q Did you reach out to any employees at --
22 at Endo?

23 A No. The only people that I spoke to
24 about the deposition were family and close friends

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| <p style="text-align: right;">Page 21</p> <p>1 telling them that I was going to go through this</p> <p>2 process, but I discussed none of the content or</p> <p>3 substance.</p> <p>4 Q Okay. For example, you told your wife</p> <p>5 maybe that you were going to a deposition today.</p> <p>6 A Yes.</p> <p>7 Q Okay. And did you review any documents</p> <p>8 in the course of your preparation for the</p> <p>9 deposition?</p> <p>10 A I did.</p> <p>11 Q All right. Did you bring them with you</p> <p>12 today?</p> <p>13 A I did not.</p> <p>14 Q Okay. And do you know what documents</p> <p>15 you reviewed in preparation for your deposition?</p> <p>16 MR. DAVIS: Objection. Form.</p> <p>17 I'm going to instruct you, Brian, not to</p> <p>18 divulge the content of any of the documents that</p> <p>19 you reviewed during the course of your preparation</p> <p>20 with us.</p> <p>21 BY MS. AMINOLROAYA:</p> <p>22 Q Did you ask to review any documents in</p> <p>23 particular in the course -- I'm not asking for the</p> <p>24 content of them yet. I'm asking if you asked to</p> | <p style="text-align: right;">Page 22</p> <p>1 review any particular documents in preparation for</p> <p>2 your deposition.</p> <p>3 A I don't recall.</p> <p>4 (Munroe Exhibit No. 2 was marked</p> <p>5 for identification.)</p> <p>6 BY MS. AMINOLROAYA:</p> <p>7 Q So I'm going to hand you what's been</p> <p>8 marked -- we used Exhibit 1 for another document,</p> <p>9 so we'll start with Exhibit 2, a subpoena to</p> <p>10 testify at a deposition.</p> <p>11 MS. AMINOLROAYA: And do we have copies</p> <p>12 for counsel?</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q Have you seen this document?</p> <p>15 A Yes, I believe -- I didn't study it, but</p> <p>16 I believe that I did see the subpoena for me to</p> <p>17 appear to testify.</p> <p>18 Q Okay. And when did you see a copy of</p> <p>19 this?</p> <p>20 A During my preparation.</p> <p>21 Q All right. And did you take a look at</p> <p>22 page 9 of the subpoena, "Requests for Production</p> <p>23 by Brian Munroe"?</p> <p>24 A Let me look at that.</p> |
| <p style="text-align: right;">Page 23</p> <p>1 Q Sure.</p> <p>2 A (Peruses document.) Yes, I did look at</p> <p>3 this.</p> <p>4 Q All right. And so there are ten</p> <p>5 requests per the production of documents. Did you</p> <p>6 search for documents to respond to these requests?</p> <p>7 A I did.</p> <p>8 Q Where did you search?</p> <p>9 A I searched my wife's e-mail account, and</p> <p>10 I searched my personal laptop, which were the only</p> <p>11 areas that I thought there might be documents</p> <p>12 relevant to these requests, knowing that the</p> <p>13 company would have documents from my time when I</p> <p>14 was an employee at Endo.</p> <p>15 Q Okay. But you understood that you also</p> <p>16 needed to search -- separately search --</p> <p>17 A I did.</p> <p>18 Q -- these other sources.</p> <p>19 And did you find any documents that were</p> <p>20 responsive to these requests?</p> <p>21 A I found one document on my personal</p> <p>22 laptop that was a public document.</p> <p>23 Q And what was -- what was the document</p> <p>24 about?</p> | <p style="text-align: right;">Page 24</p> <p>1 A The document was the notice of a hearing</p> <p>2 of the Energy and Commerce Committee on the</p> <p>3 subject of opioids.</p> <p>4 Q And do you recall the date of that</p> <p>5 document?</p> <p>6 A I don't.</p> <p>7 Q And where did you find the document?</p> <p>8 A On my laptop.</p> <p>9 Q Did you use your laptop for work as</p> <p>10 well?</p> <p>11 A No. I used it briefly as a consultant</p> <p>12 in between jobs. My -- end of my time as an</p> <p>13 employee at Endo and before I started my current</p> <p>14 position, I was a consultant and I used my laptop</p> <p>15 for my consulting business. So that's why I</p> <p>16 searched my laptop to see if there were any</p> <p>17 relevant documents.</p> <p>18 Q And when did you -- since when have you</p> <p>19 had this laptop?</p> <p>20 A I believe that I purchased the laptop at</p> <p>21 the end of my time at Endo, knowing that I was</p> <p>22 going to transition out of the company, but I</p> <p>23 don't recall the exact date.</p> <p>24 Q Okay. And did you have a laptop prior</p> |

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1 to this -- this laptop?
 2 A No.
 3 Q Did you have a desktop that you used
 4 before you purchased this laptop at home?
 5 A We had a family desktop.
 6 Q And did you ever use that family desktop
 7 for work?
 8 A I might have occasionally used it for
 9 work when I didn't have my laptop from work. If I
 10 was doing something on the weekends, I might have
 11 used the family desktop. But I don't -- it would
 12 have been very infrequent.
 13 Q And did you search the family desktop
 14 for documents that would be responsive to these
 15 requests?
 16 A I did.
 17 Q And did you find any documents?
 18 A I did not.
 19 Q And what's the name of your consulting
 20 firm?
 21 A I was just an individual consultant. It
 22 didn't have a name.
 23 Q Okay. And during -- when did you become
 24 an individual consultant?

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1 my work phone. And I would use my e-mail account
 2 on my phone for work purposes, absolutely.
 3 Q And would you ever send text messages
 4 related to work on that phone?
 5 A I don't recall sending text messages
 6 related to work.
 7 Q And you mentioned that you searched your
 8 wife's e-mail. What is that e-mail address?
 9 A VMunroe@msn.com.
 10 Q And would you use this e-mail address
 11 for work?
 12 A No.
 13 Q Did you ever use it for your -- related
 14 to your work at Endo?
 15 A I don't recall ever using it for
 16 work-related purposes at Endo.
 17 Q Are you aware that we located some
 18 e-mails that were sent -- that were sent from this
 19 e-mail account to -- to parties who are employed
 20 by other defendants in the litigation?
 21 A I am aware of -- of those e-mails, and
 22 those e-mails were employment opportunities for
 23 me, so I considered that non-work related and
 24 personal in nature.

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1 A At the conclusion of my employment with
 2 Endo in March of 2019.
 3 Q And did you ever work as an individual
 4 consultant prior to that?
 5 A I was a consultant at a consulting firm
 6 prior to my employment at Endo.
 7 Q And what year was that -- or what years
 8 did that cover?
 9 A I don't recall.
 10 Q Would that be Capitol Hill Consulting?
 11 A That would be Capitol Hill Consulting
 12 Group.
 13 Q Do you recall that you worked at Capitol
 14 Hill Consulting Group in 2007?
 15 A I don't recall the dates.
 16 Q Was it prior to your time at Endo?
 17 A It -- it was.
 18 Q And after leaving WellPoint?
 19 A Yes.
 20 Q Did you ever use your phone for work
 21 purposes, your personal phone?
 22 A While I was an employee at Endo?
 23 Q Yes, mm-hmm.
 24 A I did not have a personal phone. It was

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1 Q All right. Switching gears a little
 2 bit, tell us about your education.
 3 A I have a B.A. degree from the University
 4 of California.
 5 Q Which school?
 6 A The University of California at Santa
 7 Barbara.
 8 Q And what is your degree in?
 9 A History.
 10 Q Do you have a graduate degree?
 11 A I don't.
 12 Q Okay. And what year did you obtain
 13 your -- your Bachelor's?
 14 A 1983.
 15 Q And after you graduated, what did you
 16 do?
 17 A After I graduated, in the summer of 1983
 18 I worked at the University.
 19 Q And what kind of work did you do at the
 20 University?
 21 A I worked at a place called the Alumni
 22 Vacation Center.
 23 Q All right. And how long did you do
 24 that?

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1 A For three months.
2 Q Do you have a CV, Mr. Munroe?
3 A I do.
4 Q Did you bring one with you?
5 A I did not.
6 Q Okay. And you were there for three
7 months, and what did you do after that?
8 A I recall that I went to work at the
9 Democratic National Committee.
10 Q And is this still 1983?
11 A This would still be 1983.
12 Q And what did you do at the Democratic
13 National Committee?
14 A I worked in the mailroom.
15 Q How long were you there?
16 A I don't recall.
17 Q All right. And do you recall what your
18 next position was after working in the mailroom at
19 the Democratic National Committee?
20 A Yes. I worked on the finance staff.
21 Q And until when was that?
22 A I don't recall.
23 Q Did you remain at the Democratic
24 National Committee for any -- in any other

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1 positions?
2 A I don't recall.
3 Q And do you recall where you went after
4 the Democratic National Committee?
5 A Yes. Occidental.
6 Q And what did you do on the financial
7 staff at the Democratic National Committee?
8 A We organized fundraisers and organized
9 the collection of funds to support the activities
10 at the DNC.
11 Q And who did you work with in this -- in
12 this role?
13 A Don Sweitzer.
14 Q And who -- who is he?
15 A At that time he was the head of the
16 finance group at the DNC.
17 Q Did you work with anyone else?
18 A Yes.
19 Q Who else?
20 A I don't recall.
21 Q Okay. And then you went to Occidental.
22 What is Occidental?
23 A It's a large oil and chemical company.
24 Q And what did you do there?

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1 A I was responsible for state government
2 relations at Occidental Chemical Company.
3 Q Is that the same thing as lobbying?
4 MR. DAVIS: Objection to form.
5 You can answer.
6 THE WITNESS: No.
7 BY MS. AMINOLROAYA:
8 Q Okay. What did you do in your role in
9 the state government relations at Occidental?
10 A It was a job where I monitored
11 legislative and regulatory activity, participated
12 in trade association meetings and wrote reports.
13 Q And until when were you there?
14 A I don't recall.
15 Q All right. What did you do after
16 leaving Occidental?
17 A I went to work for Hoffmann-La Roche.
18 Q What was your role at Hoffmann-La Roche?
19 A I was a lobbyist at Hoffmann-La Roche.
20 Q And what did you do in your role as a
21 lobbyist for Hoffmann-La Roche?
22 A I worked on projects in the southeastern
23 United States and in Congress, and I worked on
24 projects at the intersection where an issue was a

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1 benefit to society or a benefit to public health
2 and a benefit to Hoffmann-La Roche.
3 Q Can you give me an example of an issue
4 that fit the description you just provided?
5 A No, I don't recall my work in any detail
6 that long ago.
7 Q Do you recall what year you were at
8 Hoffmann-La Roche?
9 A No, I don't recall.
10 Q And did you work on issues that involved
11 pharmaceutical drugs at Hoffmann-La Roche?
12 A Yes.
13 Q Do you recall which drugs?
14 A No, I don't recall.
15 Q Do you recall working on Accutane while
16 you were at Hoffmann-La Roche?
17 MR. DAVIS: Objection to form.
18 THE WITNESS: I don't recall.
19 BY MS. AMINOLROAYA:
20 Q Or the drug -- the generic was called
21 isotretinoin. Do you recall that?
22 A No, I don't recall.
23 Q Did you work on any medical devices at
24 Hoffmann-La Roche?

1 A I don't recall the specific issues I
2 worked on that many years ago.
3 Q Okay. And after leaving
4 Hoffmann-La Roche where did you go?
5 A I went to SmithKline Beecham.
6 Q And what did you do at SmithKline
7 Beecham?
8 A I was the head of state government
9 affairs.
10 Q And what did -- what did that involve?
11 A It involved creating a department,
12 lobbying and public policy development
13 specifically to address issues at the state level
14 for SmithKline Beecham. And it was a startup
15 role, so I was tasked with creating a department
16 that would develop and implement public policy
17 work for the company.
18 Q And what is public policy work?
19 A It involves developing public policy
20 positions for the company that would benefit the
21 public health or benefits to society -- determine
22 which issues benefit society and make an important
23 contribution to society, and also benefit
24 SmithKline Beecham.

1 MR. DAVIS: Objection to form.
2 THE WITNESS: At the beginning of my job
3 at SmithKline Beecham and through the early parts
4 of my job at SmithKline Beecham, I was lobbying
5 elected officials, but as the department grew, I
6 built a team that would do much of that work.
7 BY MS. AMINOLROAYA:
8 Q And by lobbying, what do you mean by
9 lobbying?
10 A Lobbying for me was determining and
11 finding issues that would benefit the public and
12 provide a societal benefit, particularly in the
13 area of public health, and then determining which
14 of those issues would benefit SmithKline Beecham,
15 and when those issues intersected, those were
16 issues that -- that we would actually approach
17 elected officials and have conversations with them
18 about.
19 Q And who determined whether an issue
20 benefitted the public health?
21 A Lawmakers.
22 Q And would -- again, would you suggest a
23 public health issue to a lawmaker that you
24 believed would benefit the public health?

1 Q And who determines whether the public
2 policy that you're describing here benefits
3 society?
4 A Lawmakers.
5 Q And would you suggest public policies
6 that you believed would fit this description to
7 lawmakers?
8 A Yes.
9 Q And earlier it seemed like you made a
10 distinction between government affairs and
11 lobbying. What is the distinction you were
12 making?
13 MR. DAVIS: Objection to form.
14 THE WITNESS: I was making the
15 distinction about the specific job I had at
16 Occidental where I -- I did not meet with
17 lawmakers directly. I did the research, I
18 monitored, I wrote reports, I met with company
19 officials, but was not meeting directly with
20 elected officials.
21 BY MS. AMINOLROAYA:
22 Q Thank you.
23 And at SmithKline Beecham, you were
24 lobbying politicians?

1 MR. DAVIS: Objection to form.
2 THE WITNESS: Yes.
3 BY MS. AMINOLROAYA:
4 Q And you would try in your lobbying
5 efforts -- or what were your lobbying efforts when
6 you were suggesting a public health issue or a
7 public policy, excuse me, that would benefit the
8 public health, what were you doing to lobby the
9 politician?
10 MR. DAVIS: Objection to form.
11 THE WITNESS: We would provide them with
12 facts and data.
13 BY MS. AMINOLROAYA:
14 Q Would you do anything else?
15 A I don't know.
16 Q Why don't you know?
17 MR. DAVIS: Objection to form.
18 THE WITNESS: That's just an open-ended
19 question. I can't think of all of the things that
20 we might have done to lobby any particular issue.
21 Our principal activity was to provide
22 elected officials and appointed officials with
23 facts and data to support our position that what
24 we were advocating was a benefit to society,

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1 particularly in the area of public health, and to
2 put forward positions that would protect the
3 interests of patients. So -- so the principal
4 thing we did was provide them with facts and data
5 to support a position that would protect the
6 interests of patients, public health, and -- and
7 identify the benefits to society.

8 I might also bring in experts from the
9 company, subject matter experts on particular
10 topics. That would be another activity that --
11 that I would do. But I can't think now of all of
12 the things I've done throughout my career, and
13 it's -- it's a pretty open-ended question.

14 BY MS. AMINOLROAYA:

15 Q Thank you.

16 Would you hire -- would your efforts --
17 your lobbying efforts that you just described,
18 would it -- do those involve hiring outside
19 lobbying firms?

20 A Yes.

21 Q And did you ever hire outside lobbying
22 firms at Smithfield as part of your lobbying
23 work?

24 MR. DAVIS: Objection to form.

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1 THE WITNESS: Do you mean SmithKline
2 Beecham?

3 BY MS. AMINOLROAYA:

4 Q I'm sorry. Yes, SmithKline Beecham.

5 A Yes, we did hire outside consultant
6 lobbyists.

7 Q And SmithKline Beecham, is that where
8 you met Burt Rosen?

9 MR. DAVIS: Objection to form.
10 Foundation.

11 THE WITNESS: It is.

12 BY MS. AMINOLROAYA:

13 Q When did you meet Mr. Rosen?

14 A I don't recall.

15 Q Do you recall, was Mr. Rosen an -- an
16 employee at SmithKline Beecham?

17 A He was.

18 Q And was he in your department?

19 A Yes, he was.

20 Q And what was his role there?

21 A He was the head of government affairs.

22 Q Did you bring him on?

23 MR. DAVIS: Objection to form.

24 MR. NOVY: Objection to form.

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1 THE WITNESS: No.

2 BY MS. AMINOLROAYA:

3 Q I believe you stated that you created
4 the government affairs department at SmithKline
5 Beecham; is that correct?

6 A No, that's incorrect.

7 Q I believe you testified that you were
8 the head of state government affairs?

9 A That's correct.

10 Q And so was Mr. Rosen the head of -- how
11 did state -- strike that.

12 How did state government affairs fit
13 with the government affairs department?

14 MR. DAVIS: Objection to form.

15 THE WITNESS: The state government
16 affairs department was a part of the government
17 affairs department.

18 BY MS. AMINOLROAYA:

19 Q So did you work for Mr. Rosen then?

20 A I did.

21 Q Did you -- when you started at
22 Smithfield -- excuse me -- SmithKline Beecham, was
23 Mr. Rosen your boss?

24 A Yes.

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1 Q And did you know Mr. Rosen prior to
2 starting at SmithKline Beecham?

3 A No.

4 Q Was Mr. Rosen a friend?

5 MR. NOVY: Objection to form.

6 MR. DAVIS: Objection to form.

7 THE WITNESS: Mr. Rosen is a friend.

8 BY MS. AMINOLROAYA:

9 Q Did that friendship develop when you
10 were at SmithKline Beecham?

11 MR. NOVY: Objection to form.

12 THE WITNESS: No.

13 MR. DAVIS: Objection to form.

14 BY MS. AMINOLROAYA:

15 Q When did that friendship develop?

16 A After my employment with SmithKline
17 Beecham.

18 Q And do you get together socially with
19 Mr. Rosen?

20 MR. NOVY: Objection to form.

21 MR. DAVIS: Objection to form.

22 THE WITNESS: I do.

23 BY MS. AMINOLROAYA:

24 Q And that continues through today?

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| <p style="text-align: right;">Page 41</p> <p>1 MR. DAVIS: Objection to form.</p> <p>2 MR. NOVY: Objection to form.</p> <p>3 THE WITNESS: Yes.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q Earlier you mentioned that you would</p> <p>6 hire outside lobbyists in addition -- in addition</p> <p>7 to the work that was being done in the government</p> <p>8 affairs department at SmithKline Beecham.</p> <p>9 Why would you hire outside lobbyists in</p> <p>10 addition to the work that was being done?</p> <p>11 MR. DAVIS: Objection to form.</p> <p>12 BY MS. AMINOLROAYA:</p> <p>13 Q By government affairs.</p> <p>14 A We would hire consultant lobbyists for</p> <p>15 their expertise in either policy areas or</p> <p>16 consultants for their expertise in a state</p> <p>17 capital's government processes.</p> <p>18 Q And did lobbyists ever draft bills for</p> <p>19 SmithKline Beecham?</p> <p>20 MR. DAVIS: Objection to form.</p> <p>21 THE WITNESS: I don't recall.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q And -- and what do you mean by your</p> <p>24 explanation that -- that you hired lobbyists for</p> | <p style="text-align: right;">Page 42</p> <p>1 their expertise in government state capital</p> <p>2 processes?</p> <p>3 A Well, each state capital, as you might</p> <p>4 know, is different from every other state capital</p> <p>5 and state government. So each one is unique in</p> <p>6 their processes. In the way legislation travels</p> <p>7 through the government process, the way laws are</p> <p>8 created, the way state agencies will implement</p> <p>9 programs, each state government and each state</p> <p>10 capital has unique government processes.</p> <p>11 And I believe at our zenith, we had five</p> <p>12 to seven employee lobbyists throughout the United</p> <p>13 States, but we did not have an expert on the</p> <p>14 government process in each and every state. So it</p> <p>15 was necessary oftentimes to have a consultant who</p> <p>16 understood the government processes in each of the</p> <p>17 state capitals and state governments.</p> <p>18 Q And could they assist with communicating</p> <p>19 with politicians in state government?</p> <p>20 MR. DAVIS: Objection to form.</p> <p>21 THE WITNESS: Yes.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q And is that one way that you used</p> <p>24 lobbyists during your time at SmithKline Beecham</p> |
| <p style="text-align: right;">Page 43</p> <p>1 to help you communicate with a politician?</p> <p>2 MR. DAVIS: Objection to form.</p> <p>3 THE WITNESS: Yes.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q And would you use lobbyists to help you</p> <p>6 set up a meeting with a politician?</p> <p>7 MR. DAVIS: Objection to form.</p> <p>8 THE WITNESS: Yes.</p> <p>9 BY MS. AMINOLROAYA:</p> <p>10 Q And if you wanted, for example, to</p> <p>11 discuss a -- a potential bill with a politician,</p> <p>12 would you ask the lobbyists to help you set up a</p> <p>13 meeting?</p> <p>14 MR. DAVIS: Objection to form.</p> <p>15 THE WITNESS: Yes.</p> <p>16 BY MS. AMINOLROAYA:</p> <p>17 Q Would lobbyists ever help you with</p> <p>18 the -- the scope of the work that the lobbyists</p> <p>19 did for you at SmithKline Beecham, did it ever</p> <p>20 involve bundling contributions for politicians?</p> <p>21 MR. DAVIS: Objection to form and</p> <p>22 foundation.</p> <p>23 THE WITNESS: I don't recall.</p> <p>24 BY MS. AMINOLROAYA:</p> | <p style="text-align: right;">Page 44</p> <p>1 Q Did lobbyists ever help -- help</p> <p>2 politicians that you were seeking to obtain a</p> <p>3 meeting with hold fundraising events?</p> <p>4 A I don't recall.</p> <p>5 MR. DAVIS: Objection to form.</p> <p>6 BY MS. AMINOLROAYA:</p> <p>7 Q Did the lobbyists that you hired while</p> <p>8 you were at SmithKline Beecham ever help with any</p> <p>9 kind of fundraising for a politician that you were</p> <p>10 seeking to have a meeting with?</p> <p>11 MR. DAVIS: Objection to form.</p> <p>12 THE WITNESS: I don't recall.</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q And when you were using lobbyists to</p> <p>15 communicate with politicians, were the politicians</p> <p>16 aware that the lobbyists were there on your</p> <p>17 behalf?</p> <p>18 MR. DAVIS: Objection to form.</p> <p>19 Are you talking about during his time at</p> <p>20 SmithKline Beecham or --</p> <p>21 MS. AMINOLROAYA: Yes.</p> <p>22 THE WITNESS: I would think so in almost</p> <p>23 every event, although I cannot speak for the</p> <p>24 lawmakers themselves. You'd have to ask them.</p> |

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| <p style="text-align: right;">Page 45</p> <p>1 BY MS. AMINOLROAYA:</p> <p>2 Q And just switching gears for a moment,</p> <p>3 did you speak with Mr. Rosen about your deposition</p> <p>4 today?</p> <p>5 A I did not.</p> <p>6 Q Are you aware that Mr. Rosen was deposed</p> <p>7 in this litigation?</p> <p>8 A Yes, I was aware.</p> <p>9 Q Did you read his deposition transcript?</p> <p>10 A I did not.</p> <p>11 Q And how did you become aware that</p> <p>12 Mr. Rosen was deposed?</p> <p>13 MR. DAVIS: Objection to form.</p> <p>14 To the extent you know from some source</p> <p>15 other than conversations you've had with counsel,</p> <p>16 you can answer. If not, I'm going to instruct you</p> <p>17 not to.</p> <p>18 THE WITNESS: I've been instructed by</p> <p>19 counsel not to answer that question.</p> <p>20 BY MS. AMINOLROAYA:</p> <p>21 Q Okay. And when did you become aware</p> <p>22 that Mr. Rosen was deposed in this litigation?</p> <p>23 A I've been instructed by counsel not to</p> <p>24 answer that question.</p> | <p style="text-align: right;">Page 46</p> <p>1 MR. DAVIS: You can answer the -- the</p> <p>2 time.</p> <p>3 THE WITNESS: In the last three weeks.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q Did you work with Mr. Rosen at any</p> <p>6 organizations?</p> <p>7 MR. NOVY: Objection to form.</p> <p>8 MR. DAVIS: Objection to form.</p> <p>9 THE WITNESS: I worked with Mr. Rosen on</p> <p>10 issues where there was an intersection between --</p> <p>11 where we both supported the same public policy,</p> <p>12 and that that public policy intersected with a</p> <p>13 benefit to society, and in particular, a benefit</p> <p>14 to public health and protecting patient health.</p> <p>15 BY MS. AMINOLROAYA:</p> <p>16 Q And on what issues did you work with</p> <p>17 Mr. Rosen?</p> <p>18 MR. NOVY: Objection to form.</p> <p>19 MR. DAVIS: Objection to form. I think</p> <p>20 it mischaracterizes his testimony.</p> <p>21 BY MS. AMINOLROAYA:</p> <p>22 Q You testified that you worked with</p> <p>23 Mr. Rosen on issues where there was an</p> <p>24 intersection of -- where you both supported the</p> |
| <p style="text-align: right;">Page 47</p> <p>1 same public policy and that public policy</p> <p>2 inter- -- intersected with a benefit to society.</p> <p>3 On what issues did you work with</p> <p>4 Mr. Rosen?</p> <p>5 A I don't recall --</p> <p>6 MR. DAVIS: Same objection.</p> <p>7 THE WITNESS: -- the specific issues.</p> <p>8 BY MS. AMINOLROAYA:</p> <p>9 Q And did you work together in any</p> <p>10 organizations?</p> <p>11 MR. DAVIS: Objection to form.</p> <p>12 MR. NOVY: Objection to form.</p> <p>13 THE WITNESS: We were both members of</p> <p>14 the Pain Care Forum, but I don't recall the</p> <p>15 specific issues that I worked on with Mr. Rosen.</p> <p>16 BY MS. AMINOLROAYA:</p> <p>17 Q And are you both -- are you members of</p> <p>18 any other organizations that Mr. Rosen is also a</p> <p>19 member of?</p> <p>20 MR. NOVY: Objection to form.</p> <p>21 MR. DAVIS: Objection to form.</p> <p>22 THE WITNESS: I know of one other</p> <p>23 organization, although I am not currently active</p> <p>24 in that organization, and that's the organization</p> | <p style="text-align: right;">Page 48</p> <p>1 BCRG, which is the organization of the heads of</p> <p>2 Washington offices. Business-Government Relations</p> <p>3 Council is -- is what I believe it's called.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q And when did you become a member of</p> <p>6 BCRG?</p> <p>7 A I don't recall.</p> <p>8 Q Is it -- was this -- did you become a</p> <p>9 member prior to beginning your work at Endo?</p> <p>10 A I don't recall.</p> <p>11 Q And what is the Business-Government</p> <p>12 Relations Council?</p> <p>13 A It's a networking organization for the</p> <p>14 heads of Washington offices of businesses.</p> <p>15 Q What kind of events does the</p> <p>16 organization hold?</p> <p>17 MR. DAVIS: Objection to form,</p> <p>18 foundation.</p> <p>19 THE WITNESS: They hold an annual</p> <p>20 meeting and luncheons with speakers from</p> <p>21 Washington, D.C.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q Are these events open to the public?</p> <p>24 A I don't believe they are.</p> |

1 Q When was the last time you attended an
2 event put on by this organization?

3 A I don't recall the specifics, but it's
4 been over a year.

5 Q Did this networking organization focus
6 on any particular issues?

7 A No.

8 Q Are there any other organizations that
9 both you and Mr. Rosen belong to?

10 A Not that I recall.

11 Q And what did you do after leaving
12 SmithKline Beecham?

13 A After leaving SmithKline Beecham, I went
14 to work at Millennium Pharmaceuticals.

15 Q And what did you do at Millennium?

16 A I was the head of government affairs.

17 Q What did you do in that role?

18 A Government affairs.

19 Q Can you describe what that -- what that
20 means?

21 A I developed public policy positions for
22 the company, and then lobbied elected and
23 appointed officials on issues that would benefit
24 society, benefit the public health, and also

1 benefit Millennium Pharmaceuticals.

2 Q And who determined if these public
3 policy decisions -- excuse me -- if these public
4 policy positions benefitted society or the public
5 health?

6 MR. DAVIS: Objection to form.

7 THE WITNESS: Government officials.

8 BY MS. AMINOLROAYA:

9 Q And would government officials approach
10 you with public policies?

11 MR. DAVIS: Objection to form.

12 Again, is this during his time at
13 Millennium?

14 BY MS. AMINOLROAYA:

15 Q During your time at Millennium, yes.

16 A I don't recall.

17 Q Would -- would you approach government
18 officials with public policy-- public policies
19 that you wanted them to support?

20 MR. DAVIS: Objection to form. Same
21 timing question.

22 BY MS. AMINOLROAYA:

23 Q We're still talking about Millennium.

24 A Yes.

1 Q So when you were approaching them with
2 public policies, it was because you or your
3 employer had determined that this is something
4 that they wanted the politician to support,
5 correct?

6 MR. DAVIS: Objection to form.

7 THE WITNESS: We approached government
8 officials during my time at Millennium when we
9 identified an issue that would benefit the public,
10 particularly in the area of public health, and
11 would be a direct benefit to patients and patient
12 health, and a benefit to Millennium.

13 BY MS. AMINOLROAYA:

14 Q Did your work at Millennium involve
15 opioids?

16 A No.

17 Q Did it involve other drugs?

18 A It did.

19 Q Any pain medication?

20 A No.

21 Q And what did you do after leaving
22 Millennium?

23 A I went to work for WellPoint.

24 Q And what did you do at WellPoint?

1 A I was the head of the Washington office.

2 Q And by Washington office, do you mean a
3 government relations office?

4 A Yes.

5 Q And what did you do as the head of
6 government relations for WellPoint?

7 A I was the lead federal lobbyist.

8 Q And was this in 2006?

9 A I don't recall.

10 (Munroe Exhibit No. 3 was marked
11 for identification.)

12 BY MS. AMINOLROAYA:

13 Q I'm handing you what's been marked as
14 Exhibit 3.

15 Do you recognize this as your LinkedIn
16 profile?

17 A Yes, I do.

18 Q And do you see on page 2 of the document
19 you've listed your Millennium Pharmaceuticals
20 position, vice president of government affairs.
21 You were there through 2006, according to this?

22 A Yes, that's what this says.

23 Q Okay. Is that correct?

24 A I don't recall the exact dates.

| | |
|--|--|
| <p style="text-align: right;">Page 53</p> <p>1 Q Any reason to believe this is not</p> <p>2 correct?</p> <p>3 A There would be no reason to believe it's</p> <p>4 not correct.</p> <p>5 Q Thank you.</p> <p>6 All right. And after leaving</p> <p>7 Millennium, you went to WellPoint, as you just</p> <p>8 mentioned, and were you there until November 2006?</p> <p>9 A That's what this says.</p> <p>10 Q Okay. And what did you do after you</p> <p>11 left WellPoint?</p> <p>12 A After I left WellPoint, I came to work</p> <p>13 for Endo.</p> <p>14 Q Did you do anything between Endo and</p> <p>15 WellPoint?</p> <p>16 A At the conclusion of WellPoint, for a</p> <p>17 short period I worked at the Capitol Hill</p> <p>18 Consulting Group.</p> <p>19 Q Is there any reason that's not on your</p> <p>20 LinkedIn profile?</p> <p>21 A Yes.</p> <p>22 Q What is that?</p> <p>23 A There are lots of smaller, lesser jobs</p> <p>24 that are not on my LinkedIn profile. I put my</p> | <p style="text-align: right;">Page 54</p> <p>1 primary jobs on my LinkedIn profile.</p> <p>2 Q And what did you do at Capitol Hill</p> <p>3 Consulting?</p> <p>4 A I was responsible for lobbying for their</p> <p>5 healthcare clients.</p> <p>6 Q Did that include opioid manufacturers?</p> <p>7 A Yes.</p> <p>8 Q And which opioid manufacturers did that</p> <p>9 include?</p> <p>10 A Purdue.</p> <p>11 Q Do you recall how long you worked for</p> <p>12 Purdue?</p> <p>13 MR. NOVY: Objection.</p> <p>14 MR. DAVIS: Objection to form.</p> <p>15 THE WITNESS: I have never worked for</p> <p>16 Purdue.</p> <p>17 BY MS. AMINOLROAYA:</p> <p>18 Q Do you recall how long you were</p> <p>19 responsible for lobbying for Purdue?</p> <p>20 MR. NOVY: Objection to form.</p> <p>21 MR. DAVIS: Objection to form.</p> <p>22 THE WITNESS: I never actually lobbied</p> <p>23 for Purdue. Purdue was one of the healthcare</p> <p>24 clients that Capitol Hill Consulting Group had,</p> |
| <p style="text-align: right;">Page 55</p> <p>1 but they did not require my services during the</p> <p>2 time that I was a consultant lobbyist. So I never</p> <p>3 actually lobbied on behalf of Purdue Pharma.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q Did you do any other work for -- besides</p> <p>6 lobbying while you were at Capitol Hill</p> <p>7 Consulting?</p> <p>8 A No.</p> <p>9 Q Did you do any work at all while you</p> <p>10 were at Capitol Hill Consulting for their Purdue</p> <p>11 client?</p> <p>12 MR. NOVY: Objection.</p> <p>13 MR. DAVIS: Objection to form.</p> <p>14 THE WITNESS: I don't recall doing any</p> <p>15 work for Purdue during my time as a consultant</p> <p>16 there.</p> <p>17 BY MS. AMINOLROAYA:</p> <p>18 Q And after Capitol Hill Consulting, did</p> <p>19 you go to Endo?</p> <p>20 A Yes.</p> <p>21 Q What did you do at Endo?</p> <p>22 A At Endo, I started up the government</p> <p>23 relations department.</p> <p>24 Q What did Endo's government relations</p> | <p style="text-align: right;">Page 56</p> <p>1 department do?</p> <p>2 MR. DAVIS: Objection to form.</p> <p>3 THE WITNESS: Our department at Endo</p> <p>4 Pharmaceuticals, government affairs would develop</p> <p>5 public policy positions based on what was -- based</p> <p>6 on those public policy issues that were good for</p> <p>7 society, beneficial to public health, and</p> <p>8 beneficial to the patient that intersected with</p> <p>9 public policy issues that were beneficial to the</p> <p>10 company, and at that intersection, we would</p> <p>11 develop projects on the legis- -- on legislative</p> <p>12 and regulatory issues to work on that would</p> <p>13 benefit the patient and society.</p> <p>14 BY MS. AMINOLROAYA:</p> <p>15 Q And who determined whether a public</p> <p>16 policy position was good for society?</p> <p>17 A Well, ultimately, the elected and</p> <p>18 appointed officials that we were speaking to, they</p> <p>19 would have to make that determination based on the</p> <p>20 facts and data.</p> <p>21 Q And initially, Endo's government affairs</p> <p>22 department made that determination, correct?</p> <p>23 MR. DAVIS: Objection to form.</p> <p>24 THE WITNESS: No. We identified issues</p> |

1 which we believed were beneficial to society, the
2 public health, and beneficial to patient care that
3 intersected with issues that were also beneficial
4 to Endo, and it was those issues that we would
5 bring before lawmakers, and it was the lawmakers,
6 the elected officials, the appointed officials,
7 that would make the determination.

8 BY MS. AMINOLROAYA:

9 Q And issues that were beneficial to Endo
10 were issues that would -- issues that were good
11 for Endo's business, correct?

12 MR. DAVIS: Objection to form.

13 THE WITNESS: The issues that I worked
14 on at Endo, and I can only speak in my capacity as
15 the head of government affairs, were issues that
16 were beneficial to society, beneficial to the
17 public health, those issues that benefitted the
18 patients directly, and where those issues
19 intersected with issues that were beneficial to
20 Endo, those were issues that we worked on.

21 BY MS. AMINOLROAYA:

22 Q And the issues that you were
23 identifying, public health issues -- strike that.

24 The public policies that you just

1 described, these were public policies that would
2 have a return on investment for Endo?

3 MR. DAVIS: Objection to form.

4 THE WITNESS: The issues that I worked
5 on in my capacity as the head of government
6 affairs were those issues that we identified would
7 have a benefit to society, the public health, and
8 benefits often directly to patients, and a benefit
9 to Endo.

10 BY MS. AMINOLROAYA:

11 Q And the benefit to Endo, would that be
12 a -- in the way of product successes?

13 A I can only speak to the issues that --
14 that I was involved with at my -- while I was
15 employed by Endo.

16 Q Sure.

17 A And those issues were issues that had a
18 benefit to society, the public health, often
19 directly to patient health, and a benefit to Endo.

20 Q And my question was, the benefit to
21 Endo, does that include product success?

22 A You'll have to ask Endo. I'm no longer
23 an employee of Endo.

24 Q All right. If you can take a look at

1 Exhibit 3.

2 Page 1 of your LinkedIn profile, it
3 states under "Endo Pharmaceuticals," created from
4 scratch and currently lead an offensive mind, a
5 proactive and high return on investment government
6 relations function focused on commercial/product
7 successes."

8 Did I read that correctly?

9 A Let me look at this, please.

10 Q Sure.

11 A (Peruses document.) Yes.

12 Q And what did you mean by -- by this
13 statement?

14 A Which statement?

15 Q The statement that's highlighted for us
16 that -- that I just read.

17 A What I have attempted to communicate
18 here and what I know to be true is that I worked
19 on issues that had a benefit to society, a benefit
20 to the public health, and a benefit to patients,
21 and I worked on those issues that intersected with
22 the interests of Endo. And when that intersection
23 came together, those were projects we worked on.

24 Q You would agree, sir, that there's no

1 mention of any benefit to society in this -- in
2 the description of your role at Endo on your
3 LinkedIn profile?

4 MR. DAVIS: Objection to form.

5 THE WITNESS: Perspective employers who
6 might be looking at my LinkedIn profile would
7 know, and I know that they would know, that's --
8 that it is impossible to be successful at what I
9 have made my life's work without demonstrating a
10 benefit to society, a benefit to public health,
11 and a benefit to patients. And so one is unable
12 to be successful in lobbying unless you can
13 demonstrate facts and data to support a benefit to
14 society, a benefit to public health, or a benefit
15 to the patient.

16 BY MS. AMINOLROAYA:

17 Q But the only thing you felt was
18 important to include or to mention in this first
19 sentence in your role -- describing your role at
20 Endo was that you "created from scratch and
21 currently lead an offensive minded, proactive and
22 high return on investment government relations
23 function focused on commercial/product successes."
24 Correct?

1 MR. DAVIS: Objection to form,
2 foundation.

3 THE WITNESS: I do know that the
4 projects that I worked on at Endo had a benefit to
5 society -- we believed that they had a benefit to
6 society, a benefit to the public health, a benefit
7 to patients, and where those ideals intersected
8 with the interests of Endo, that those were
9 projects that I worked on.

10 BY MS. AMINOLROAYA:

11 Q And I -- but those -- those things are
12 mentioned nowhere on your LinkedIn profile
13 describing your role at Endo, correct?

14 MR. DAVIS: Objection to form.

15 THE WITNESS: My work at Endo, which I
16 can describe was work where we identified a
17 benefit to society, a benefit to the public
18 health, and a benefit often directly to the
19 patient, and it's where those issues intersected
20 with the interests of Endo that I spent my time
21 working.

22 BY MS. AMINOLROAYA:

23 Q Thank you. My question is more narrow
24 than that.

1 My question is, your role at Endo, as
2 it's described on your LinkedIn profile, does not
3 mention a benefit to the public health or a
4 benefit to society, correct?

5 MR. DAVIS: Objection to form.

6 THE WITNESS: People of importance that
7 I cared about looking at my LinkedIn profile, I
8 felt, would know that you cannot be successful at
9 the work you do here in Washington unless you can
10 clearly demonstrate with facts and data that there
11 is a benefit to society, a benefit to public
12 health, and a benefit to the patient, and it's
13 where those principles intersected with my work at
14 Endo that I spent my time.

15 BY MS. AMINOLROAYA:

16 Q Sir, can you stay with my question? Are
17 those things found anywhere on your LinkedIn
18 profile, just yes or no?

19 MR. DAVIS: Objection to form. Asked
20 and answered several times now.

21 THE WITNESS: I will say that the work I
22 did at Endo was focused on those public policy
23 issues where we believed there was a benefit to
24 society, a benefit to the public health, and often

1 a direct benefit to the patient, and it's where
2 those principles intersected with the interests of
3 Endo that I spent my time.

4 MS. AMINOLROAYA: Move to strike your
5 answer.

6 BY MS. AMINOLROAYA:

7 Q Sir, do you understand you're under oath
8 as if you were in a court of law before Judge
9 Polster?

10 A Yes.

11 Q You need to answer my questions.

12 MR. DAVIS: Parvin, he's answered this
13 question I think probably five times now. Just
14 because you don't like his answer doesn't mean
15 he's not answering.

16 MS. AMINOLROAYA: No, he has not
17 answered the question. My question is, is a
18 benefit to public health or a benefit to public
19 society -- society found on the description of his
20 role at Endo in his LinkedIn profile. He's
21 answering another question. This is not a Sunday
22 morning talk show where he can pivot and provide
23 the answer that he wants to provide.

24 MR. DAVIS: Just because you don't like

1 his answer doesn't mean he needs to change it.
2 You've asked him the question several times, he's
3 given you the same answer several times. You can
4 keep asking him the question, but the answer I
5 would imagine is not going to change.

6 MS. AMINOLROAYA: We'll get the special
7 master on the phone if this continues. We can
8 take a short break.

9 THE VIDEOGRAPHER: The time is 10:18
10 a.m. We're going off the record.

11 (Recess.)

12 THE VIDEOGRAPHER: The time is 10:32
13 a.m., and we're back on the record.

14 BY MS. AMINOLROAYA:

15 Q Welcome back, Mr. Munroe. We took a
16 short break. We're back on the record.

17 Your LinkedIn profile on page 2, if you
18 turn there, at the top of the page 2, it's the
19 last clause after the semicolon. It states:
20 "Lead Endo teams through five Congressional
21 investigations and numerous crises."

22 What were the five Congressional
23 investigations that you led Endo through?
24 [REDACTED]

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| <p>Page 67</p> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div></div> | <p>Page 68</p> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div></div> |

1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 Q And your profile continues: "Achieved
 8 two of only four technical corrections to
 9 Obamacare to exempt two Endo products from
 10 Medicaid rebates."
 11 Which products are you referring to
 12 here?
 13 A I'm trying to remember the names of the
 14 products. I remember the name of one of the
 15 products. They're both non-opioid products. And
 16 the exceptions we gained were for infused -- I'm
 17 sorry, instilled and implanted products, and I
 18 believe the name of one of the products is
 19 Valstar, and I don't recall the name of the other
 20 product.
 21 Q Thank you.
 22 Then you describe yourself as "battle
 23 tested." Do you see that?
 24 A That's what this says.

1 the five Congressional investigations that you led
 2 Endo through, correct?
 3 A That's what this says.
 4 Q And you also mention numerous crises
 5 that you led Endo through. Which are those?
 6 A I don't recall.
 7 Q And were you responsible for particular
 8 drugs in your role as senior vice president of
 9 government affairs at Endo?
 10 A No.
 11 Q Did your work span all of Endo's drugs?
 12 MR. DAVIS: Objection to form.
 13 THE WITNESS: My work spanned not only
 14 all of the drugs, but all of the issues that the
 15 company felt had a benefit to society, a benefit
 16 to public health, a benefit to patients, and a
 17 benefit to Endo. So those might be pharmaceutical
 18 product issues, but many other issues as well
 19 where we identified a societal benefit.
 20 BY MS. AMINOLROAYA:
 21 Q And again, this benefit to society and
 22 benefit to public health is mentioned nowhere in
 23 the description of your job at Endo on your
 24 LinkedIn profile, correct?

1 Q Yes. What does that mean?
 2 A I think it refers to my lobbying on
 3 issues of controversy.
 4 Q And that's followed in the same bullet
 5 by: "Lead Endo teams through five Congressional
 6 investigations and numerous crises."
 7 So were these issues of controversy,
 8 these five Congressional investigations for Endo?
 9 MR. DAVIS: Objection to form.
 10 [REDACTED]
 11 [REDACTED]
 12 [REDACTED]
 13 [REDACTED]
 14 [REDACTED]
 15 [REDACTED]
 16 [REDACTED]
 17 [REDACTED]
 18 [REDACTED]
 19 [REDACTED]
 20 [REDACTED]
 21 [REDACTED]
 22 BY MS. AMINOLROAYA:
 23 Q But you do include the term "battle
 24 tested" in the same bullet as your description of

1 MR. DAVIS: Objection to form.
 2 THE WITNESS: I -- I would agree that --
 3 that while it's not on my LinkedIn profile, it's
 4 implicit in the work that I was doing, especially
 5 the successful work, that you simply can't be
 6 successful at my job without producing the facts
 7 and data and convincing lawmakers and appointed
 8 officials that there was a clear benefit to
 9 society.
 10 BY MS. AMINOLROAYA:
 11 Q What did you do when you left Endo?
 12 A I became a consultant for a short
 13 period.
 14 Q Did you consult for any opioid
 15 companies?
 16 A Yes.
 17 Q Which companies did you consult for?
 18 A Endo.
 19 Q When did you consult for Endo?
 20 A After leaving Endo, I consulted for
 21 several months before I began my next full-time
 22 employment.
 23 Q And on what issues did you consult for
 24 Endo?

1 A My time as a consultant for Endo, I
2 spent most of that time coaching the new head of
3 government affairs, one of my former employees
4 that was left behind in the group, and most of
5 what I did was coach him on his job and monitored
6 legislative and regulatory activities and kind of
7 kept him informed of what I thought he needed to
8 be kept informed about in terms of legislative and
9 regulatory activities.
10 Q And what is his name?
11 A James Manser.
12 Q Did you do any other work in your role
13 as a consultant for Endo?
14 A No.
15 Q Did you do any other consulting work for
16 any other companies?
17 A Yes.
18 Q For any companies that sell opioids?
19 A No.
20 Q For any companies that distribute
21 opioids?
22 A No.
23 Q For any other organizations that
24 interact with opioids?

1 to the subpoena.
2 BY MS. AMINOLROAYA:
3 Q Does your separation agreement require
4 you to testify?
5 A Not explicitly. The separation
6 agreement, as I understand it, requires me to
7 cooperate with the company on reasonable levels of
8 issue -- at a reasonable level of issues,
9 including litigation.
10 Q Are you being paid for your time today
11 by Endo?
12 A I am not.
13 Q Did Endo's government affairs department
14 do lobbying?
15 MR. DAVIS: Objection to form.
16 THE WITNESS: Yes.
17 BY MS. AMINOLROAYA:
18 Q And what -- what did the lobbying work
19 that Endo's government affairs department did when
20 you were in the department involve?
21 A So we would identify issues that were
22 beneficial to society, particularly those issues
23 that were of benefit to public health and a
24 benefit to patients, or issues that would protect

1 MR. DAVIS: Objection to form.
2 THE WITNESS: I did do executive
3 coaching for an employee of a company that has a
4 pipeline product in the addiction recovery space.
5 And that company's pipeline product, which is not
6 yet approved by the FDA, does contain an opioid
7 substance, buprenorphine.
8 BY MS. AMINOLROAYA:
9 Q Thank you.
10 And now at Bausch Health, do you -- does
11 your work there involve opioids?
12 A No.
13 Q And why did you leave Endo?
14 A I left Endo because Endo was going
15 through a restructuring and made a decision to
16 close the Washington office to reduce operating
17 expense.
18 Q Did you enter into a separation
19 agreement with Endo?
20 A I did.
21 Q Are you testifying today pursuant to
22 your separation agreement?
23 MR. DAVIS: Objection to form.
24 THE WITNESS: I'm here to be responsive

1 the physicians' prescribing authority to prescribe
2 the right medication to the right patient at the
3 right time to the appropriate patient, we would
4 identify those issues that had this societal
5 benefit, and where they intersected with Endo's
6 interests, we would work on those issues.
7 BY MS. AMINOLROAYA:
8 Q You would agree that if a physician
9 can't prescribe one of Endo's products, that's --
10 that's not good for Endo's business?
11 MR. DAVIS: Objection to form.
12 THE WITNESS: We believed, and I can
13 only speak in my role in government affairs and
14 the role that I played, that we sought to protect
15 a physician's right to prescribe the right drug,
16 any drug, any company's drug, so long as it was
17 the right drug for that patient's best healthcare
18 needs. And so that was very much a priority to
19 have this patient-centered approach, and to
20 protect a physician's right to -- to make that
21 decision with the patient.
22 BY MS. AMINOLROAYA:
23 Q And a physician's right to prescribe a
24 drug, it's beneficial for Endo, correct?

1 MR. DAVIS: Objection to form.
 2 THE WITNESS: We thought the primary
 3 benefit -- you're asking about benefit, which I --
 4 which I think is important. Our focus was on
 5 protecting the physician's right to prescribe the
 6 right medication. That was really our focus,
 7 and -- and we thought it was important then, and I
 8 imagine that it's -- it remains important to the
 9 company.
 10 BY MS. AMINOLROAYA:
 11 Q So your focus in government affairs was
 12 protecting a physician's right to prescribe the
 13 right medication; is that correct?
 14 A Well, we identified issues that were --
 15 that had a societal benefit, particularly in the
 16 area of public health, and would have a,
 17 oftentimes, direct benefit on the patient, and
 18 where those issues intersected with the interests
 19 of Endo, those were the issues that I worked on.
 20 Q And again, if a physician could not
 21 prescribe one of Endo's products, you would agree
 22 that that would be negative for Endo's business
 23 goals?
 24 MR. DAVIS: Objection to form,

1 THE WITNESS: Sometimes it did.
 2 BY MS. AMINOLROAYA:
 3 Q And did it include providing drafts of
 4 legislation to legislative staff?
 5 MR. DAVIS: Objection to form.
 6 THE WITNESS: Yes.
 7 BY MS. AMINOLROAYA:
 8 Q Did Endo's lobbying efforts include
 9 hosting legislators in meetings?
 10 A I don't know what you mean by the term
 11 "hosted."
 12 Q Did Endo either directly -- or strike
 13 that.
 14 Did Endo ever invite legislators to
 15 meetings at places other than legislators'
 16 offices?
 17 A I don't recall.
 18 Q Was that something that you've ever done
 19 throughout your career?
 20 A I have invited legislators, constituent
 21 members of Congress, and state legislators that
 22 are constituent members of the -- the state
 23 legislatures to our Endo facilities so that they
 24 could better understand the technologies and the




1 foundation.
 2 THE WITNESS: We believed that it was
 3 very important for the best interests of the
 4 patient to have the physician have the ability to
 5 prescribe the right medication for that patient's
 6 best healthcare needs. And that was our focus and
 7 that was our priority.
 8 BY MS. AMINOLROAYA:
 9 Q Is being profitable a goal that Endo
 10 has?
 11 A Yes. We were a commercial enterprise
 12 while I worked there, and I think they're still a
 13 commercial enterprise. So I think while it was
 14 important, we did not work on issues that were
 15 solely issues driven by Endo's profit. We worked
 16 on issues where Endo's interests were intersecting
 17 with those issues that had a benefit to society,
 18 public health, and the patient's best healthcare
 19 needs and interests.
 20 Q And did Endo's lobbying activities in
 21 this department, did it include writing
 22 legislation?
 23 MR. DAVIS: Objection to form,
 24 foundation.

1 products that -- that serve the important patients
 2 needs that my companies have -- have made over the
 3 years.
 4 Q And when did you invite legislators to
 5 Endo's facilities?
 6 A I don't recall.
 7 Q And did you invite legislators to Endo's
 8 facilities to learn about any particular opioid
 9 products?
 10 A I don't recall.
 11 Q Any other products?
 12 A We invited legislators, particularly
 13 constituent members of Congress and constituent
 14 members of the state legislature, to tour
 15 facilities at companies that I've worked at over
 16 the years to discuss Endo's, or any company that I
 17 worked at, products and services so that they
 18 could better understand, you know, the
 19 technologies and products that were coming forward
 20 from the company I was working at, and for which
 21 they represented in Congress or the state
 22 legislature.
 23 Q Did your work as a lobbyist for Endo
 24 include bundling contributions for politicians?

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1 MR. DAVIS: Objection to form.
 2 Foundation.
 3 THE WITNESS: I don't recall.
 4 BY MS. AMINOLROAYA:
 5 Q What does -- what does "bundling
 6 contributions" mean?
 7 MR. DAVIS: Objection to form.
 8 THE WITNESS: My understanding is that
 9 that's a legal term, and -- and I'm not an FEC
 10 lawyer and I don't want to speculate about what
 11 the legal definition of that term is.
 12 BY MS. AMINOLROAYA:
 13 Q Did your -- did your responsibility as a
 14 lobbyist for Endo include finding donors to make
 15 contributions to politicians?
 16 MR. DAVIS: Objection to form.
 17 THE WITNESS: I don't recall.
 18 BY MS. AMINOLROAYA:
 19 Q Have you ever done this at any of your
 20 jobs over the years?
 21 A I don't recall.
 22 Q Did your responsibilities as a lobbyist
 23 for Endo include hosting receptions for
 24 politicians?

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1 the same conclusion on those same issues, those
 2 were issues that -- that would have brought us
 3 into contact.
 4 BY MS. AMINOLROAYA:
 5 Q And which independent third-party
 6 organizations did you come into contact with
 7 during your time at Endo?
 8 A I don't recall each and every one.
 9 Q Do you recall any of them?
 10 A I do recall the American Cancer Society.
 11 Q Do you recall any other third-party
 12 organizations that you interacted with during your
 13 time at Endo?
 14 A Yes.
 15 Q And which are those?
 16 A The Pain Care Coalition. The American
 17 Pain Foundation. The Alliance for Aging Research.
 18 Those are the ones that are top of mind.
 19 Q And do you recall that Endo provided
 20 financial support to the American Pain Foundation?
 21 A I do recall that.
 22 
 23 
 24 

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1 A What do you mean by "hosting"?
 2 Q Hosting. Where Endo is the one putting
 3 on the event.
 4 MR. DAVIS: Objection to form.
 5 THE WITNESS: I don't recall.
 6 BY MS. AMINOLROAYA:
 7 Q And did your responsibilities as a
 8 lobbyist for Endo include lobbying the executive
 9 branch?
 10 A They did.
 11 Q And during your time at Endo, which
 12 parts of the executive branch did you lobby?
 13 A I don't recall.
 14 Q Did your responsibility as a lobbyist
 15 for Endo include lobbying to advocacy groups?
 16 MR. DAVIS: Objection to form.
 17 THE WITNESS: I would not characterize
 18 my work with advocacy groups as lobbying. Where
 19 there was an intersection between public policy
 20 issues that were a benefit to society,
 21 particularly in the areas of public health or a
 22 benefit to the patient, and those interests
 23 intersected with Endo's, and independent third-
 24 party organizations had the same -- had come to

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1 MR. DAVIS: Objection to form.
 2 BY MS. AMINOLROAYA:
 3 Q Did your job at Endo include putting
 4 together communication strategies for the media?
 5 MR. DAVIS: Objection to form.
 6 THE WITNESS: That was certainly not a
 7 principal part of my job. That was another
 8 department. I might have had views about what the
 9 company should do infrequently, but that was not
 10 my department.
 11 MS. AMINOLROAYA: May I have 1785,
 12 please.
 13 MR. DAVIS: Do you mind not putting the
 14 exhibits on the screen until the witness has the
 15 document in front of him, please. Thank you.
 16 (Munroe Exhibit No. 4 was marked
 17 for identification.)
 18 BY MS. AMINOLROAYA:
 19 Q I'm handing you Exhibit 4. This is an
 20 e-mail from you. And for the record, this is
 21 ENDO-OPIOID_MDL-02210739. It's E number 1785.
 22 This is an e-mail from you to colleagues at Endo,
 23 including Lankau and others, dated January 11,
 24 2008.

1 And you state: "Attached for your
2 review are materials that I will use at our
3 discussion next week."

4 January 11th, 2008, how long had you
5 been at Endo at this point?

6 A I don't recall, but it couldn't have
7 been very long.

8 Q So this -- just to orient us, this is at
9 the beginning of your career at Endo.

10 A That sounds right.
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MS. AMINOLROAYA: Can I have 1761, please.

(Munroe Exhibit No. 6 was marked for identification.)

BY MS. AMINOLROAYA:

Q I'm handing you what's been marked as Exhibit 6. It's entitled "3 Waves of the Rise of Opioid Overdose Deaths." And the source of this is the National Vital Statistics System Mortality File.

Are you familiar with the National Vital Statistics System?

A No.

Q Are you familiar with the -- the opioid overdose problem in the country?

MR. DAVIS: Objection to form.

THE WITNESS: Only what I read about in the press.

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1 BY MS. AMINOLROAYA:
2 Q Have you ever visited the CDC's website?
3 A I have.
4 Q Have you ever seen any material on the
5 CDC's website reflecting the opioid overdoses in
6 the country?
7 A I don't recall.
8 Q Have you ever attended Congressional
9 hearings discussing the opioid epidemic?
10 A I don't recall.
11 Q Have you ever attended meetings
12 discussing the opioid epidemic?
13 A Yes.
14 Q So this document is entitled "3 Waves of
15 the Rise in Opioid Overdoses."
16 And you started at Endo in 2007; is that
17 correct?
18 A I don't recall.
19 Q According to your LinkedIn profile, it
20 states you started at Endo in 2007. Any reason to
21 believe that's incorrect?
22 A No.
23 Q Okay. So let's take a look at this
24 chart.

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1 Q Okay. And does it state: "Rise in
2 prescription opioid overdose deaths"?
3 A That's what that says.
4 Q All right. And does the chart start in
5 1999?
6 A I don't want to talk about the
7 information on the chart because I'm just
8 unfamiliar with it, and I don't understand it and
9 I don't know what it means, and this is the first
10 time I'm seeing this information.
11 Q Are you saying you don't want to answer
12 my question, Mr. Munroe?
13 A I do very much want to say that I'm not
14 a statistician, an epidemiologist, a physician, a
15 scientist, or someone who could interpret this
16 information in a meaningful way. And I don't want
17 to speculate about a document that I've never seen
18 before. That -- that would be my preference.
19 Q Sir, I'm not -- I'm not asking you to
20 speculate. I'm asking you whether the first year
21 on this chart is 1999.
22 MR. DAVIS: Objection to form.
23 THE WITNESS: I don't want to talk about
24 the numbers on the chart. There's numbers on the

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1 Do you see three lines here -- three
2 colored lines on this chart?
3 A I do.
4 Q All right. And what is Wave 1,
5 according to this chart?
6 A I have never seen this chart before. I
7 don't know what the information says, and so I
8 don't really want to talk about a document that
9 I'm unfamiliar with.
10 I'm not an epidemiologist, I'm not a
11 scientist, I'm not a physician, I'm not a
12 statistician, and I don't want to speculate about
13 a document that I'm seeing for the first time that
14 has lines and -- and dates and numbers and what
15 looks like statistical analysis. So my preference
16 is to just not speculate about the information on
17 this document.
18 Q Mr. Munroe, do you see the word "Wave 1"
19 in purple on the left-hand side of this document,
20 the lower left side of the document?
21 MR. DAVIS: Objection to form.
22 THE WITNESS: That -- that's what it
23 says.
24 BY MS. AMINOLROAYA:

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1 side, there's numbers on the bottom. I don't want
2 to speak to a chart that I'm seeing for the first
3 time because I just don't understand it and I
4 haven't had a chance to study it.
5 MS. AMINOLROAYA: Would the court
6 reporter mark the record.
7 BY MS. AMINOLROAYA:
8 Q And the first purple -- the first box on
9 the left-hand corner here states: "Wave 1, rise
10 in opioid -- rise in prescription opioid overdose
11 deaths." Correct?
12 A That's what that says.
13 Q And that covers 1999 to 2005, correct?
14 MR. DAVIS: Objection to form.
15 THE WITNESS: I don't want to talk about
16 what -- what that means, because I'm not an
17 epidemiologist, a statistician, a scientist, a
18 physician. I've not studied this document. This
19 is the first time I'm seeing this document. And I
20 don't want to begin to interpret, you know, the
21 relevance of the dates or -- or other information
22 on the chart since this is my first time seeing
23 it, and I haven't studied the document.
24 BY MS. AMINOLROAYA:

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1 Q And 2007 is when you began at Endo. And
2 do you see on the left -- the left side of this
3 document, it states: "Deaths per 100,000
4 population"?

5 A I disagree with your connecting my
6 employment date at Endo with -- with deaths,
7 and -- and I disagree with that wholeheartedly.

8 I worked on issues at Endo in my role in
9 government affairs where there was an intersection
10 between what we identified as being beneficial to
11 society, the public health or the patient, and the
12 interests of Endo. So I disagree with your
13 characterization and -- and the connection of my
14 employment date with this chart.

15 Q Sir, my question was, do you see on the
16 left side of this document, it states: "One" --
17 it states: "Deaths per 100,000 population"?

18 A That's what's written along the side
19 here, yeah.

20 Q Thank you.

21 And do you see that in 2007, the purple
22 line, which refers to commonly prescribed opioids,
23 natural and semisynthetic opioids, and methadone
24 for 2007 corresponds with four deaths per 100,000

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1 population?

2 MR. DAVIS: Objection to form.

3 THE WITNESS: I absolutely do not want
4 to draw any conclusions about this document that
5 I'm seeing for the first time. I am neither an
6 epidemiologist, a scientist, a physician, or a
7 statistician.

8 So I don't -- I don't recognize the
9 source of this document. I've not seen this
10 document before, and I don't want to begin to
11 speculate the meaning of this document and the
12 data.

13 BY MS. AMINOLROAYA:

14 Q Is Opana ER a commonly prescribed
15 semisynthetic opioid?

16 MR. DAVIS: Objection to form.

17 THE WITNESS: I was not in product
18 development, scientific affairs, research and
19 development.

20 In my role in government affairs, I
21 wouldn't have been able to categorize the nature
22 of our -- our products and their chemical makeup.
23 That was just not -- that was beyond the scope of
24 my position at Endo.

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1 BY MS. AMINOLROAYA:

2 Q Is Opana ER or was Opana ER a commonly
3 prescribed opioid?

4 MR. DAVIS: Objection to form. He just
5 answered that question.

6 THE WITNESS: I think the word
7 "commonly" is something that -- that I would be
8 unfamiliar with, because you would associate
9 "commonly" with some sort of percentage within the
10 opioid market, and again, that was beyond the
11 scope of my job. So I would not have the
12 information necessary to answer that question
13 adequately.

14 BY MS. AMINOLROAYA:

15 Q Would you agree that in 2007, the deaths
16 per 100,000 population for commonly prescribed
17 opioids was four?

18 MR. DAVIS: Objection to form.

19 I think Mr. Munroe has been clear that
20 he can't interpret this chart. If you want him to
21 read the words that are on this piece of paper,
22 I -- we can do that, but having him interpret this
23 data is something I think he has told you several
24 times he's unprepared and unable to do.

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1 BY MS. AMINOLROAYA:

2 Q Mr. Munroe, are you having difficulty
3 seeing where the purple line is in 2007 on this
4 page?

5 A I am not having difficulty seeing the
6 purple line.

7 Q Is the purple line at the number 4?

8 MR. DAVIS: Objection to form.

9 Answer one more time.

10 THE WITNESS: I don't want to answer a
11 question about a document and begin interpreting
12 it, because I'm not an epidemiologist, a
13 scientist, a physician, or a statistician. And I
14 don't want to interpret a document that I'm seeing
15 for the first time in which I don't even recognize
16 the source of the data or the underlying data, and
17 I've not studied this document. And so my
18 preference is not to speculate about the
19 information in the document.

20 BY MS. AMINOLROAYA:

21 Q Mr. Munroe, earlier you testified that
22 Endo put the patients' interests first, and its
23 public policy -- strike that.

24 Earlier you testified that in selecting

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| <p style="text-align: right;">Page 117</p> <p>1 public policy matters to pursue, Endo put the</p> <p>2 patients' interests first and the benefits to</p> <p>3 society first.</p> <p>4 Do you recall the many times you</p> <p>5 testified to that?</p> <p>6 MR. DAVIS: Objection to form.</p> <p>7 THE WITNESS: I -- I testified that we</p> <p>8 worked on issues that were benefits to society,</p> <p>9 public health, and the patients that also</p> <p>10 benefitted Endo, and where those two sets of</p> <p>11 principles intersected, those were the issues that</p> <p>12 we worked on.</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q Do you recall in 2007, prior to</p> <p>15 beginning at Endo, abuse of OxyContin was -- was</p> <p>16 well known?</p> <p>17 MR. DAVIS: Objection to form.</p> <p>18 MR. NOVY: Objection to form.</p> <p>19 THE WITNESS: I have never been an</p> <p>20 employee of Purdue Pharma, and so I have no</p> <p>21 knowledge of those issues relating to OxyContin.</p> <p>22 So I can't speak for Purdue.</p> <p>23 BY MS. AMINOLROAYA:</p> <p>24 Q Did you ever do any consulting work for</p> | <p style="text-align: right;">Page 118</p> <p>1 Purdue?</p> <p>2 MR. DAVIS: Objection to form.</p> <p>3 THE WITNESS: Purdue was a client of the</p> <p>4 Capitol Hill Consulting Group during the time I</p> <p>5 was a consultant lobbyist at the Capitol Hill</p> <p>6 Consulting Group, but I do not recall doing any</p> <p>7 work for the Purdue account.</p> <p>8 (Counsel conferring.)</p> <p>9 (Munroe Exhibit No. 7 was marked</p> <p>10 for identification.)</p> <p>11 BY MS. AMINOLROAYA:</p> <p>12 Q I'm handing you what's been marked as</p> <p>13 Exhibit 7 to your deposition. This is</p> <p>14 PPLC018000 --</p> <p>15 MR. DAVIS: Do you have another one?</p> <p>16 BY MS. AMINOLROAYA:</p> <p>17 Q -- 141199.</p> <p>18 MR. DAVIS: Have another one?</p> <p>19 MS. AMINOLROAYA: Yes.</p> <p>20 BY MS. AMINOLROAYA:</p> <p>21 Q It's E number 1743.</p> <p>22 And in May of 2007, is Mr. Rosen of</p> <p>23 Purdue asking you whether you should visit at the</p> <p>24 appropriate time with anyone listed?</p> |
| <p style="text-align: right;">Page 119</p> <p>1 A I don't recall this document at all.</p> <p>2 It's a 12-year-old e-mail. I have no idea what</p> <p>3 this is about.</p> <p>4 Q And does this page -- does -- does this</p> <p>5 e-mail from Mr. Rosen state: "Let's discuss</p> <p>6 whether we should visit at the appropriate time</p> <p>7 with anyone listed. Thanks for yesterday"?</p> <p>8 A That's what this says.</p> <p>9 Q All right. And is -- is your name in</p> <p>10 the "to" line here?</p> <p>11 A Yes. Two names.</p> <p>12 Q And is the date of this e-mail May 11,</p> <p>13 2007?</p> <p>14 A Yes, that's what this says.</p> <p>15 Q And does page 3 of this document list</p> <p>16 current members of the Congressional Caucus on</p> <p>17 Drug Policy?</p> <p>18 A That's what this says.</p> <p>19 Q And is your -- is your response to</p> <p>20 Mr. Rosen on page 1 of the document: "Would it be</p> <p>21 worth trying to get one of our friends to join</p> <p>22 this caucus to," quote, "ensure the government's</p> <p>23 appropriate and measured response based on medical</p> <p>24 facts and data to the nation's drug policies," end</p> | <p style="text-align: right;">Page 120</p> <p>1 quote, question mark, hyphen, "both as a mole and</p> <p>2 as an insider to make this group doesn't</p> <p>3 overreach. Thanks, Brian"?</p> <p>4 A That's what that says.</p> <p>5 Q Thank you.</p> <p>6 And does Mr. Rosen respond: "Like the</p> <p>7 idea. Do you suggest anyone"?</p> <p>8 A Again, I don't recall this e-mail</p> <p>9 exchange at all. The only thing that strikes a</p> <p>10 chord for me is where it says "facts and data to</p> <p>11 the nation's drug policies," because that's</p> <p>12 something that I built a career around, which is</p> <p>13 providing facts and data to government officials</p> <p>14 so that we can land on issues that are benefits to</p> <p>15 society, public health, and a benefit to the</p> <p>16 patient where they intersect with our -- my own</p> <p>17 company's goals.</p> <p>18 So that -- that statement about facts</p> <p>19 and data and providing facts and data, that</p> <p>20 strikes a chord with me, but I don't remember this</p> <p>21 e-mail exchange at all.</p> <p>22 MS. AMINOLROAYA: Move to strike</p> <p>23 everything in his last answer.</p> <p>24 And would the court reporter please mark</p> |

1 the record.
 2 (Munroe Exhibit No. 8 was marked
 3 for identification.)
 4 BY MS. AMINOLROAYA:
 5 Q It's Exhibit 8. E1777 and
 6 PPLPC019000154246.
 7 And is this an e-mail from Burt Rosen to
 8 you and two other individuals at Capitol Hill
 9 Consulting Group dated July 20th, 2007?
 10 A That's what this says.
 11 Q All right. And does Mr. Rosen write to
 12 you: "Can you discreetly check to see if Senate
 13 Judiciary is planning any kind of drug abuse
 14 hearing on July 31st?"
 15 A That's what this says.
 16 Q And is the -- is there an article
 17 included in the body of the e-mail?
 18 A It appears that that's the case,
 19 although I have no memory of this e-mail. Bill
 20 Brewster was not only the chairman of the firm,
 21 but he was the longtime contract lobbyist for
 22 Purdue Pharma.
 23 So I was a healthcare practitioner at
 24 the firm so I was included on this e-mail, but --

1 very routine kind of request.
 2 (Munroe Exhibit No. 9 was marked
 3 for identification.)
 4 BY MS. AMINOLROAYA:
 5 Q I'm handing you what's been marked as
 6 Exhibit 9. PPLPC023000118882. It's also
 7 E-numbered 1739.
 8 And is the subject of this e-mail
 9 "Invoice from Consultant Munroe"?
 10 A I don't recognize this in any regard.
 11 Q Is the subject of this e-mail "Invoice
 12 from Consultant Munroe"?
 13 A Yes.
 14 Q Okay. And does Mr. Rosen write to the
 15 recipients here: "Brian Munroe is a government
 16 affairs consultant. I had the opportunity to hire
 17 him as a consultant for a three-month period at
 18 \$5,000 per month. In this time frame he assisted
 19 me in my capacity as the VP Federal Government
 20 Affairs."
 21 Is that what Mr. Rosen states here?
 22 A Yes.
 23 Q And does he continue: "Together we
 24 reviewed an organization that I helped found. The

1 but Bill was the principal recipient of this
 2 e-mail. And I don't recall it in any regard.
 3 MS. AMINOLROAYA: Move to strike as
 4 nonresponsive.
 5 BY MS. AMINOLROAYA:
 6 Q My question was, is there an article
 7 included in the body of the e-mail, and is it --
 8 is it entitled "Mother to face those she blames.
 9 Woman's death tied to OxyContin. Drug exec
 10 sentenced today"?
 11 A That's what that says.
 12 Q Thank you.
 13 And was Mr. Rosen here asking you and
 14 your colleagues at Capitol Hill Consulting Group
 15 to see if the Senate Judiciary was planning any
 16 kind of drug abuse hearing on July 31st?
 17 MR. NOVY: Objection to form.
 18 MR. DAVIS: Objection to form.
 19 THE WITNESS: Well, that's what this
 20 says, and it would not have been unusual for a
 21 company lobbyist to make inquiries about what
 22 Congressional hearings of various healthcare
 23 related committees or other committees of Congress
 24 might be holding in the future. That would be a

1 group is the Pain Care Forum, which is organized
 2 around several pharmaceutical companies, pain
 3 advocacy groups, pain groups, healthcare
 4 professionals and hospice organizations"?
 5 A That's what this says.
 6 Q And does it continue: "Brian Munroe has
 7 had past experience with forming similar
 8 coalitions, and he has given me several
 9 suggestions for growing the Pain Care Forum and
 10 for strengthening its effectiveness"?
 11 A That's what this says. But this e-mail
 12 was not to me and I didn't receive it, and I don't
 13 recognize it at all.
 14 Q Did you consult for Mr. Rosen in 2007
 15 regarding the Pain Care Forum?
 16 A I don't recall doing that.
 17 Q Do you have any reason to believe that
 18 Mr. Rosen's e-mail is not accurate?
 19 A I just don't know what this e-mail is
 20 about. I don't know whether it was about a
 21 prospective consultant opportunity. I don't
 22 recall consulting for Burt. So I -- I simply
 23 don't recall, and I've never seen this e-mail
 24 before in my life.

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1 Q Well, the e-mail states, fourth
2 sentence: "And together we reviewed an
3 organization that I helped found."

4 Right? So you would agree that's the
5 past tense?

6 A I don't want to comment on this e-mail.
7 This e-mail is not any e-mail that I received.
8 I've never seen it before, so I don't want to try
9 and interpret it.

10 Q You would agree that here Mr. Rosen is
11 stating that you and he reviewed an organization
12 called the Pain Care Forum, and that he provided
13 you with suggestions for growing -- or, rather,
14 that you provided him with grow- -- with
15 suggestions for growing the Pain Care Forum and
16 strengthening its effectiveness?

17 A You'd have to ask Mr. Rosen.

18 Q Do you have any reason to believe that
19 Mr. Rosen would write an e-mail that misrepresents
20 work that you've done for him, and submit that
21 e-mail or submit an invoice --

22 A You would have to ask --

23 Q -- to the company?

24 A You would have to ask Mr. Rosen. I

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1 hour and a half. It's after noon. Do you mind if
2 we take a break here?

3 MS. AMINOLROAYA: I'm just about to go
4 through another document. I think we can take a
5 break after that.

6 MR. DAVIS: How long do you think you're
7 going to have with the document?

8 MS. AMINOLROAYA: I won't be very long.

9 BY MS. AMINOLROAYA:

10 Q And you and Mr. Rosen were close,
11 correct?

12 MR. DAVIS: Objection to form.

13 THE WITNESS: In what regard?

14 BY MS. AMINOLROAYA:

15 Q Well, you're friends.

16 A We are friends.

17 Q And -- and you have no reason to
18 believe -- do you have no reason -- you have no
19 reason to believe that Mr. Rosen would
20 inaccurately state facts?

21 MR. DAVIS: Objection to form.

22 THE WITNESS: I don't want to speculate
23 on a document, on a 12-year-old e-mail, that I've
24 never seen and that I did not receive.

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1 don't know what his intentions are.

2 Q And you know Mr. Rosen fairly well;
3 isn't that correct?

4 MR. DAVIS: Objection to form.

5 MR. NOVY: Objection to form.

6 THE WITNESS: I do know him well.

7 BY MS. AMINOLROAYA:

8 Q Do you know him to misstate facts?

9 MR. DAVIS: Objection to form.

10 MR. NOVY: Objection.

11 THE WITNESS: I don't want to comment
12 and interpret an e-mail that Burt sent to some
13 other individual that I don't know. I don't
14 understand the content of this e-mail. So I don't
15 want to begin to speculate on an interpretation on
16 a 12-year-old e-mail of which I never received.

17 BY MS. AMINOLROAYA:

18 Q Do you know who Ms. Shaw is?

19 A Yes.

20 Q Who is Ms. Shaw?

21 A Ms. Shaw is Burt's assistant in the
22 Washington office.

23 Q Thank you.

24 MR. DAVIS: We're a little bit over an

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1 So, my answer remains the same. I don't
2 want to speculate on a document that's 12 years
3 old and an e-mail that I've never seen.

4 BY MS. AMINOLROAYA:

5 Q And my question is not with respect to
6 the document at this time.

7 My question is, do you have any reason
8 to believe that Mr. Rosen would inaccurately state
9 facts?

10 MR. DAVIS: Objection to form.

11 THE WITNESS: I have found Mr. Rosen to
12 be a -- a man of high integrity.

13 MS. AMINOLROAYA: We can take a break.

14 THE VIDEOGRAPHER: The time is 12:08
15 p m., and we are going off the record.

16 (Lunch recess.)

17 THE VIDEOGRAPHER: The time is 12:46
18 p m., and we're back on the record.

19 BY MS. AMINOLROAYA:

20 Q Welcome back, Mr. Munroe. We took a
21 lunch break. We're back on the record.

22 In 2009, did the FDA announce that it
23 would make a REMS requirement for opioids?

24 A I don't --

1 MR. DAVIS: Objection to form.
2 THE WITNESS: -- remember the date.
3 BY MS. AMINOLROAYA:
4 Q At a certain point during your tenure at
5 Endo, did FDA announce that a REMS would become
6 applicable to opioids?
7 MR. DAVIS: Objection to form.
8 Foundation.
9 THE WITNESS: I don't -- I don't recall
10 what FDA was doing ten years ago.
11 BY MS. AMINOLROAYA:
12 Q Are you familiar with the term "REMS"?
13 A I am.
14 Q And what is a REMS?
15 A REMS stands for Risk Evaluation
16 Mitigation Strategies.

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5 MS. AMINOLROAYA: Let me have 1998,
6 please.
7 BY MS. AMINOLROAYA:
8 Q And would you agree that in 2009
9 prescription opioid and misuse was continuing to
10 grow in the United States?
11 MR. DAVIS: Objection to form.
12 Foundation.
13 THE WITNESS: While I would like to
14 answer the question directly, I'm just not in a
15 position to, given the fact that I'm not an
16 epidemiologist, a statistician, a physician, or a
17 scientist that's really studied these issues in
18 any detail.
19 (Munroe Exhibit No. 11 was marked
20 for identification.)
21 BY MS. AMINOLROAYA:
22 Q I'm handing you what's been marked as
23 Exhibit 11.
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BY MS. AMINOLROAYA:

Q You testified earlier that Endo worked on strategies that put patient interests first, correct?

A I testified that our priority was to identify public policy issues where there was a benefit to society, a benefit to the public health, and/or a benefit to patients, and to work on those issues where those principles intersected with the interests of Endo.

Q So you would agree that it's a benefit to society that people don't die from opioid overdoses?

MR. DAVIS: Objection to form.

THE WITNESS: I am -- I would absolutely agree that that would be a benefit to society.

That seems to be a common sense position that we don't want people overdosing and dying.

BY MS. AMINOLROAYA:

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Q But you don't know if Endo ever considered stopping sales of its opioids.

MR. DAVIS: Objection to form.

THE WITNESS: I don't know.

BY MS. AMINOLROAYA:

Q And prior to 2016, did Endo ever stop marketing its prescription opioids?

MR. DAVIS: Objection to form, foundation.

THE WITNESS: I don't know the date that Endo stopped marketing its opioid products.

BY MS. AMINOLROAYA:

Q Did Endo market its opioid products --

MR. DAVIS: Objection to form.

BY MS. AMINOLROAYA:

Q -- as a general matter?

MR. DAVIS: Objection to form, foundation.

THE WITNESS: I actually -- as much as I would like to answer that question very directly, I'm just not in a position to, because I was not in the commercial organization, and I don't want to speak to, you know, what we marketed and how we marketed it, because that was just outside the

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scope of my position.

BY MS. AMINOLROAYA:

Q And I'm just -- I'm not asking you for specifics or what type of marketing was done. I'm asking you whether you know if Endo marketed its opioids.

MR. DAVIS: Objection to form, foundation.

THE WITNESS: Yes, you're using the term "opioids," plural. So I don't know if Endo marketed opioids, plural. I do not know the answer to that question.

BY MS. AMINOLROAYA:

Q Do you know if Endo marketed Opana ER?

MR. DAVIS: Objection to form.

THE WITNESS: My understanding was that they did market Opana ER.

BY MS. AMINOLROAYA:

1 BY MS. AMINOLROAYA:



19 BY MS. AMINOLROAYA:

20 Q In light of the public health crisis
21 with prescription opioids, did Endo ever advocate
22 that states adopt prescribing guidelines like the
23 CDC's guidelines?

24 MR. DAVIS: Objection to form.

1 THE WITNESS: I don't recall what our --
2 what our activities were in the states. I had
3 somebody who reported me -- to me handle state
4 government affairs, and so I don't want to speak
5 to details that I really don't recall.

6 BY MS. AMINOLROAYA:

7 Q Do you recall whether Endo ever
8 advocated for federal agencies to adopt opioid
9 prescribing guidelines like the CDC's guidelines?

10 MR. DAVIS: Objection to form.

11 THE WITNESS: No, I don't recall.

12 BY MS. AMINOLROAYA:



13 (Counsel conferring.)

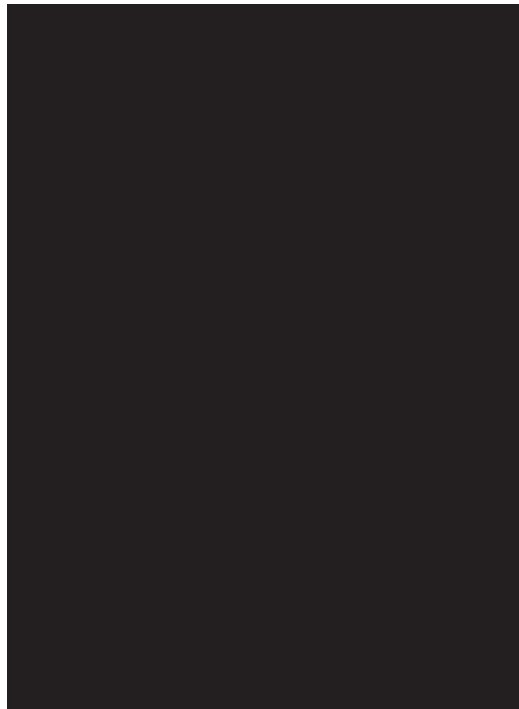
14 BY MS. AMINOLROAYA:

15 Q Mr. Munroe, earlier we talked about the
16 Pain Care Forum. What is the Pain Care Forum?

17 A The Pain Care Forum, I think, is -- is
18 accurately named in that it was a forum, a place
19 where people could gather, organizations could
20 gather, that were interested in -- in balancing
21 the needs of the pain patient and the interests of
22 the pain patient with the interests of mitigating
23 the misuse and abuse of pain medicines. So it was
24 a -- a collection of organizations that -- that

1 got together monthly and would have discussions
2 about topics related to pain.

3 Q And what types of organizations were
4 members of the Pain Care Forum?



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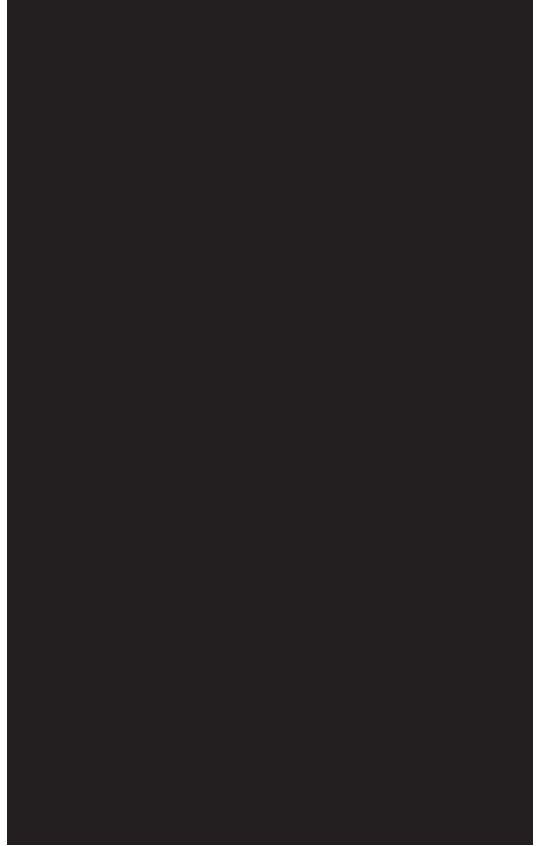
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17 [REDACTED]
18 Q All right. We'll mark this as
19 Exhibit 14.
20 (Munroe Exhibit No. 14 was marked
21 for identification.)
22 MR. DAVIS: I'm going to object to this
23 demonstrative that was made here in the day in a
24 terribly misleading way as being introduced as an

1 THE WITNESS: I don't know.
2 (Munroe Exhibit No. 15 was marked
3 for identification.)
4 BY MS. AMINOLROAYA:

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1 exhibit.
2 MS. AMINOLROAYA: I'll remind you,
3 Mr. Davis, to keep your objections to form. Thank
4 you.
5 Can I have 1448, please.
6 BY MS. AMINOLROAYA:
7 Q Did the Pain Care Forum develop plans
8 for how professional, medical and advocacy groups
9 should operate?
10 MR. DAVIS: Objection to form.
11 THE WITNESS: The Pain Care Forum was a
12 place where people could have discussions, raise
13 ideas, talk to each other about pain policy
14 matters, and if they so desired, work together on
15 issues that they believed where there was a shared
16 interest. We called it a coalition of the
17 willing. The Pain Care Forum itself did not take
18 public policy positions --
19 BY MS. AMINOLROAYA:
20 Q Did it develop --
21 A -- that I'm aware of.
22 Q Did it develop strategies for patient
23 advocacy groups?
24 MR. DAVIS: Objection to form.

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(Witness and counsel conferring.)

1 MR. DAVIS: Yeah, actually can we take a
2 quick break? Mr. Munroe just asked.
3 THE WITNESS: I need to take a
4 five-minute --
5 MR. DAVIS: It's been an hour.
6 THE WITNESS: -- bio break.
7 THE VIDEOGRAPHER: The time is --
8 MS. AMINOLROAYA: That's fine.
9 THE VIDEOGRAPHER: The time is 1:48 p m.
10 We're going off the record.
11 (Recess.)
12 THE VIDEOGRAPHER: The time is 2:01 p m.
13 and we're back on the record.
14 BY MS. AMINOLROAYA:
15 Q Good afternoon, Mr. Munroe. We took a
16 break. We're back on the record.
17 And we left off with a discussion of the
18 State of Washington's opioid prescribing
19 guidelines, and you said you recall that.
20 A I -- I do recall the issue. I don't
21 recall the details. I had two individuals over my
22 course of time at Endo that ran my state
23 government relations department that would have
24 been more familiar with the details, and it was

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1 really so long ago. I do recall that it was
2 during the time when I first joined the company or
3 thereabouts that there was an issue in Washington.

4 Q Yes, that's -- that's a -- in terms of
5 timing, that's an accurate recollection.

6 (Munroe Exhibit No. 16 was marked
7 for identification.)

8 BY MS. AMINOLROAYA:

9 Q I'm handing you what's been marked as
10 Exhibit 16. These are the Interagency Guidelines
11 on Opioid Dosing for Chronic Non-Cancer Pain, and
12 these are from the Agency Medical Directors' Group
13 for the State of Washington, and the date on this
14 is March 2007.

15 And if you take a look at page 2 of the
16 document, this will help orient us with some of
17 the details on the reasons for the guidelines. So
18 if you look at the last paragraph here on the --
19 the left side of the page, on E-numbered
20 page 1957.2, and for the record this is E1957, it
21 states: "Recent studies indicate an -- an
22 increase in accidental deaths associated with the
23 use of prescription opioids. At the same time
24 there has been a dramatic increase in the average

Page 174

1 daily morphine equivalent dose, MED, of the most
2 potent Schedule II long-acting opioids."

3 Did I read that correctly?

4 A Where are we at, which page?

5 Q We're on page 2, 1957.2.

6 A Okay. Could you read that again,
7 please?

8 Q It says: "Recent studies indicate an
9 increase in accidental deaths associated with the
10 use of prescription opioids since 1999. At the
11 same time there has been a dramatic increase in
12 the average daily morphine equivalent dose of the
13 most potent Schedule II long-acting opioids."

14 Do you see that?

15 A You -- you read that correctly.

16 Q Thank you.

17 And was Opana ER a Schedule II long-
18 acting opioid?

19 A It -- it -- it is.

20 Q Thank you.

21 And the following sentence goes on to
22 describe the problem that the State of Washington
23 was dealing with. It says: "The overall number
24 of opioid-related deaths more than doubled between

Page 175

1 1995 and 2004, and prescription opioid-related
2 deaths now exceed non-prescription opioid-related
3 deaths."

4 Did I read that correctly?

5 A That's what this says.

6 Q Thank you.

7 And you'll see on the right side of the
8 page, it tells us the purpose of the guidelines.
9 It says: "The purpose of Part II of the guideline
10 is to assist primary care providers in treating
11 patients whose morphine equivalent dose, MED,
12 already exceeds 120 milligrams per day."

13 Do you see that?

14 A Well, you skipped over Part I, and then
15 you went to Part II, and you did read the Part II
16 correctly.

17 Q Thank you.

18 And members of the Pain Care Forum
19 opposed Washington State's opioid prescribing
20 guidelines, these guidelines, correct?

21 MR. DAVIS: Objection to form.

22 THE WITNESS: I am not --

23 MS. AMINOLROAYA: (Inaudible.)

24 THE WITNESS: I know that there were

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1 issues raised about these guidelines and the
2 issue, but I don't remember the details and I
3 don't remember which members of the Pain Care
4 Forum objected to them and on what basis. I just
5 don't recall.

6 This document is from 2007, so that
7 would make it 12 years old.

8 BY MS. AMINOLROAYA:

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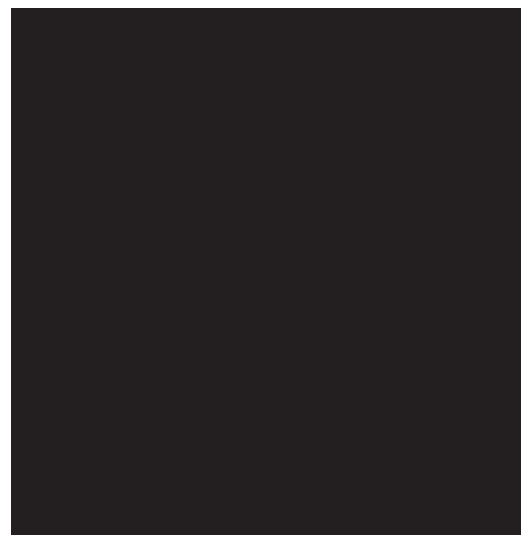
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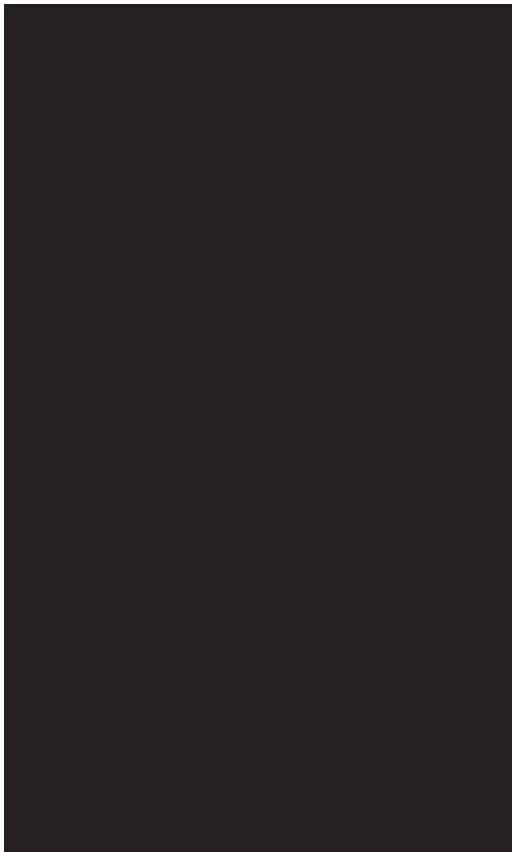
MR. DAVIS: Objection to form.
(Munroe Exhibit No. 18 was marked
for identification.)
MS. AMINOLROAYA: Exhibit 18.
MR. DAVIS: Do you have others?
MS. AMINOLROAYA: I'm sorry.
MR. DAVIS: Do you have others?
MS. AMINOLROAYA: Yes.
MR. DAVIS: May I have them?
MS. AMINOLROAYA: Do I have other copies
of that? I'm not sure. 17 and --
And we'll go ahead and mark No. 19 --
Exhibit 19 as well.
(Munroe Exhibit No. 19 was marked

1 for identification.)
2 BY MS. AMINOLROAYA:
3 Q For the record, Exhibit 18 is
4 ENDO-OPIOID_MDL-02210853, and it's E-numbered
5 E1765.
6 And Exhibit 19 is E1764, PPLP04301238.
7 And on Exhibit 18, Mr. Rowe writes to
8 Micke Brown -- and is that Mr. Rowe -- William
9 Rowe of the American Pain Foundation? In the
10 third e-mail from the bottom. Do you see the
11 e-mail string there from Will Rowe?
12 A I -- I don't -- I don't recognize this
13 11-year-old e-mail string, but -- but that is who
14 is -- you're referring to is on this -- this
15 e-mail header.
16 BY MS. AMINOLROAYA:
17 Q And Mr. Rowe was with the American Pain
18 Foundation at this time on February 11th, 2008?
19 A I don't know the exact dates that he was
20 the head of the American Pain Foundation, but that
21 sounds right.
22 Q All right. And he writes here to Micke
23 Brown, Scott Fishman and to you, correct?
24 A That's what that e-mail header

1 indicates.
2 Q Mm-hmm. Who is -- do you know who Micke
3 Brown is?
4 A The name is familiar, but -- but I --
5 I -- I don't recall which organization she's with.
6 Q And Scott Fishman, do you know who Scott
7 Fishman is?
8 A I know that he was a leading pain
9 physician.
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BY MS. AMINOLROAYA:

Q Okay. My question was whether you saw the language that I read on the document.

A Could -- could you ask the question again, please?

Q Yes. I read language here, and I said, Do you see that? And you responded with something totally different.

A Yeah, I -- I don't know if you accurately read that statement or not. You would have to read it again.

MS. AMINOLROAYA: Okay. Let -- let's

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take a break.

THE VIDEOGRAPHER: Okay. The time is 2:16 p m. and we're going off the record.

(Recess.)

THE VIDEOGRAPHER: The time is 2:28 p m. and we're back on the record.

BY MS. AMINOLROAYA:

Q So, Mr. Munroe, you've had a chance to look at Exhibits 18 and 19, correct?

A Yes.



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1 [REDACTED]
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3 [REDACTED]
4 [REDACTED]
5 Q And do you recall whether the Pain Care
6 Forum or its members came up with a strategy to
7 promote Scott Fishman's responsible opioid
8 prescribing?
9 A I don't recall.
10 MR. DAVIS: Objection to form.
11 BY MS. AMINOLROAYA:
12 Q Do you recall whether you provided
13 talking points to different groups to advance an
14 opposition to the Washington State guidelines?
15 MR. DAVIS: Objection to form.
16 THE WITNESS: I don't recall any of the
17 detail of what actually happened in the state of
18 Washington.
19 (Counsel conferring.)
20 MR. DAVIS: And just for the record, for
21 the next set of stickers, it's Munroe with a U,
22 not an O.
23 (Munroe Exhibit No. 20 was marked
24 for identification.)

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1 BY MS. AMINOLROAYA:
2 Q I'm handing you what's been marked as
3 Exhibit 20.
4 This is an e-mail. The second e-mail
5 here is from Will Rowe dated January 24th, 2008.
6 A So this would be an 11-year-old e-mail.

7 [REDACTED]
8 [REDACTED]
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11 [REDACTED]
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13 [REDACTED]
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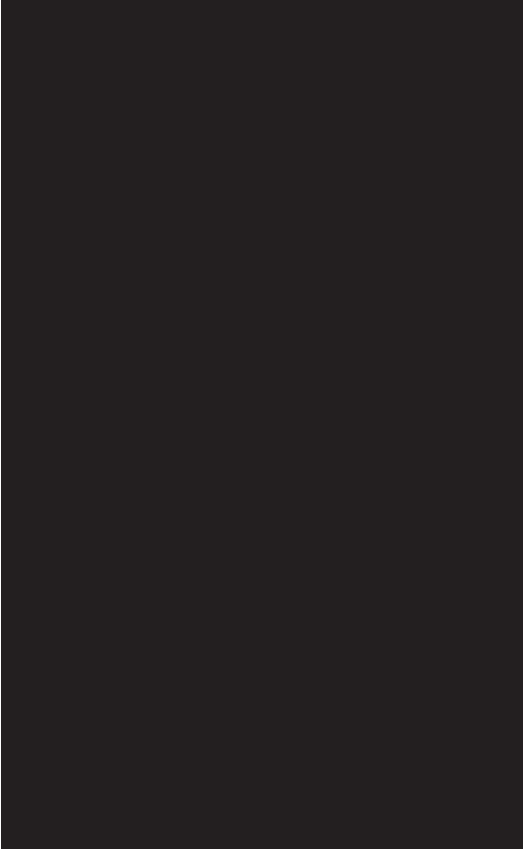
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15 [REDACTED]
16 [REDACTED]
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19 [REDACTED]
20 MS. AMINOLROAYA: 423.
21 (Munroe Exhibit No. 23 was marked
22 for identification.)
23 BY MS. AMINOLROAYA:
24 Q I'm handing you Exhibit 23, Responsible

1 Opioid Prescribing, A Physicians Guide. It's
2 Bates number END00051370, E-numbered E423.
3 Do you recognize this --
4 A I don't --
5 Q -- document?
6 A I don't recognize it.
7 Q Have you heard of Responsible Opioid
8 Prescribing by Scott Fishman before?
9 A It does ring a bell, but not in any
10 detail.
11 Q And is this a book that Endo sponsored?
12 MR. DAVIS: Objection to form.
13 THE WITNESS: I don't recall.
14 BY MS. AMINOLROAYA:
15 Q And the -- Exhibit 20 discusses a
16 consensus strategy to promote excerpts of
17 Dr. Scott Fishman's book, correct?
18 A You -- you read that correctly on
19 E1852.2.
20 Q And this is the same book that Endo
21 provided financial support for, correct?
22 MR. DAVIS: Objection to form.
23 THE WITNESS: You know, I -- I don't
24 recall, but I -- I'm seeing on page 3, it says:


1 "This book is sponsored by a consortium of
2 organizations," and it has a list of, I don't
3 know, 20 or so organizations, and our -- our
4 company is on that list. I have no reason to
5 believe that we didn't sponsor it, but I just
6 don't recall.
7 BY MS. AMINOLROAYA:



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1 [REDACTED]
 2 [REDACTED]
 3 MS. AMINOLROAYA: Move to strike as
 4 nonresponsive.
 5 BY MS. AMINOLROAYA:
 6 Q My question was whether Endo was one of
 7 the pharmaceutical companies that received a
 8 letter from Senator Grassley as part of an
 9 investigation into growing evidence that
 10 pharmaceutical companies that manufacture opioids
 11 may be responsible for the opioid epidemic by
 12 promoting misleading information about opioid
 13 safety and efficacy.
 14 MR. DAVIS: Objection to form.
 15 THE WITNESS: We did receive a letter,
 16 as I stated previously, and I -- I see that you --
 17 you've correctly identified David Holveck as the
 18 recipient of a letter from the Committee on
 19 Finance and Senator Grassley.
 20 BY MS. AMINOLROAYA:
 21 Q And Endo provided financial support to a
 22 number of pain groups and other nonprofit
 23 organizations. Correct?
 24 A We did provide support to independent

1 Q And what is the total amount listed here
 2 of funds provided by Endo to the Federation of
 3 State Medical Boards?
 4 A For what time period?
 5 Q The total here.
 6 A \$369,025.
 7 Q And on page 12 of the document --
 8 rather, page 13 --
 9 A Over a ten-year period.
 10 Q And on page 13 of the document, this is
 11 one of the organizations that the letter describes
 12 as having extensive ties with manufacturers.
 13 Correct?
 14 MR. DAVIS: Objection to form.
 15 THE WITNESS: I'm sorry, where are you
 16 referring to?
 17 BY MS. AMINOLROAYA:
 18 Q Page 13, middle of the page.
 19 A That's what Senator Grassley's staff are
 20 saying in the letter.
 21 Q And the Federation of State Medical
 22 Boards model policy is singled out here in the
 23 following paragraph.
 24 MR. DAVIS: Objection to form.

1 third-party organizations, but it was not
 2 connected in any way to our advocacy efforts on
 3 Capitol Hill or in state capitals. We sought to
 4 undertake government affairs projects where there
 5 was an intersection between the benefits to
 6 society, public health, and the benefits to
 7 patients, and where those interests intersected
 8 with our own, we undertook lobbying activity.
 9 MS. AMINOLROAYA: Move to strike as
 10 nonresponsive.
 11 BY MS. AMINOLROAYA:
 12 Q Did Endo provide financial support to
 13 pain groups and other nonprofit organizations?
 14 A I am aware that we did.
 15 Q And did Endo respond to Senator
 16 Grassley's letter with information as to the
 17 financial support it provided to third-party
 18 organizations?
 19 A I believe that that was part of our
 20 response.
 21 Q And if you turn to page 32 of the
 22 document, do you see Endo's financial support for
 23 the Federation of State Medical Boards?
 24 A I do see that listed here.

1 THE WITNESS: Yeah, I -- I believe that
 2 you read that correctly.
 3 BY MS. AMINOLROAYA:
 4 Q And it's being singled out because of
 5 criticism that it failed to point out the lack of
 6 science supporting the use of opioids for chronic
 7 non-cancer pain.
 8 MR. DAVIS: Objection to form.
 9 THE WITNESS: That is the -- the charge
 10 that Senator Grassley appears to be making in this
 11 letter.
 12 BY MS. AMINOLROAYA:
 13 Q And how many books, according to this
 14 letter, were -- of the model policy were
 15 distributed?
 16 A This letter indicates that there were
 17 160,000 copies, but I can't, you know, provide any
 18 veracity to that because I just don't know.
 19 Q Any reason to dispute this number?
 20 A Well, it's a seven-year-old document
 21 created by Congressional staff who probably picked
 22 up that number from somewhere, but I don't know
 23 where. And so I -- I can't speak to that issue
 24 because I -- I don't work at the Federation of

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| <p>Page 197</p> <p>1 State Medical Boards and don't know how many 2 copies of their book they distributed. 3 [REDACTED] 4 [REDACTED] 5 [REDACTED] 6 [REDACTED] 7 [REDACTED] 8 [REDACTED] 9 [REDACTED] 10 [REDACTED] 11 [REDACTED] 12 [REDACTED] 13 [REDACTED] 14 [REDACTED] 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED]</p> | <p>Page 198</p> <p>1 [REDACTED] 2 [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED] 6 [REDACTED] 7 [REDACTED] 8 [REDACTED] 9 [REDACTED] 10 [REDACTED] 11 [REDACTED] 12 [REDACTED] 13 [REDACTED] 14 [REDACTED] 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED]</p> |
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1 and that's outside the scope of my position, so I
2 don't know.

3 BY MS. AMINOLROAYA:

4 Q So you advocate about opioids for -- for
5 ten years at Endo, and you're not familiar with
6 the risks and benefits of the drugs that you
7 advocate for?

8 MR. DAVIS: Objection to form,
9 mischaracterizes testimony.

10 THE WITNESS: I am -- I am not medically
11 trained. I'm not a physician, I'm not a
12 scientist, I'm not a sales representative that was
13 medically trained, formally trained on the
14 product.

15 BY MS. AMINOLROAYA:

16 Q Sir, your testimony earlier was that
17 your job was to provide facts and data to
18 legislators and politicians, correct?

19 A Yes.

20 Q But you're not familiar with the facts
21 and the data that show that higher doses of
22 opioids are associated with increased risks.

23 MR. DAVIS: Objection to form,
24 mischaracterizes testimony.

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1 THE WITNESS: I would answer that on a
2 couple of fronts. One, I worked on many, many
3 issues. I worked on tax issues, I worked on
4 compounding issues, I worked on various cancer
5 issues. So I worked on lots of issues, so I
6 couldn't be an expert on -- on everything. So we
7 would coordinate the company's public policy
8 positions, including the use of subject matter
9 experts, which I would bring with me to testify on
10 scientific and technical issues, such as Dr. Neil
11 Shusterman, who was our chief medical officer.

12 MS. AMINOLROAYA: I'm marking -- let's
13 see.

14 (Munroe Exhibit No. 25 was marked
15 for identification.)

16 BY MS. AMINOLROAYA:

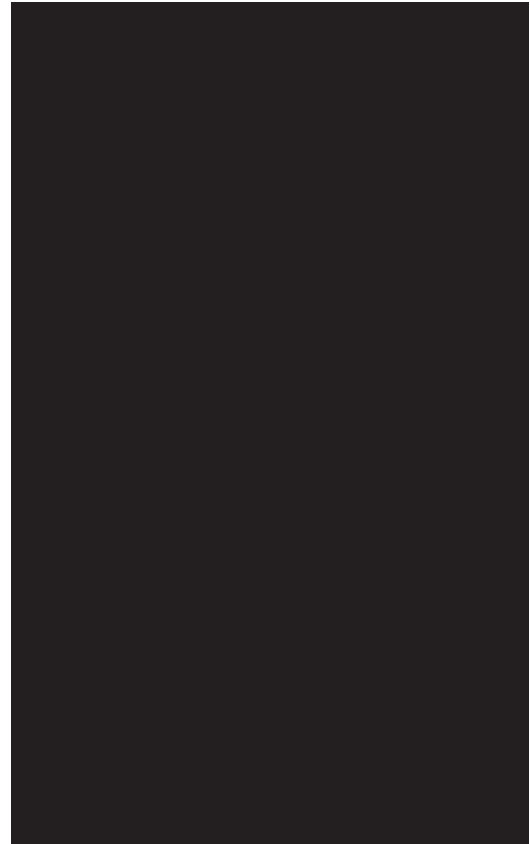
17 Q I'm handing you 1573, which is
18 Exhibit 25. This is ENDO-OPIOID_MDL-01902659.
19 It's E-numbered E1573.

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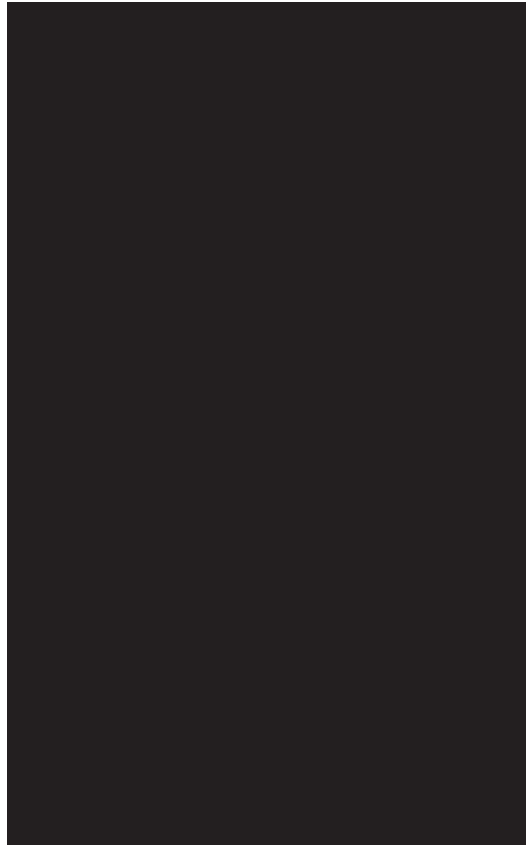
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Q Thank you.
And Endo also -- strike that.
The Pain Care Forum also opposed dosing
guidelines or dosing limitations when it came to
the label of -- of opioid drugs.
MR. DAVIS: Objection to form.
Foundation.
THE WITNESS: Well, the Pain Care Forum
didn't take positions. The Pain Care Forum was a
forum in which organizations could get together on
a monthly basis to have discussions about pain
public policy issues.
BY MS. AMINOLROAYA:
Q But the Pain Care Forum came up with a
plan to respond to the PROP petition.
MR. DAVIS: Objection to form,
foundation.
THE WITNESS: Is there -- is there a
question?
BY MS. AMINOLROAYA:
Q Yes. Did the Pain Care Forum come up
with a plan to respond to the PROP petition?
A I don't recall.
Q Are you familiar with the PROP petition?

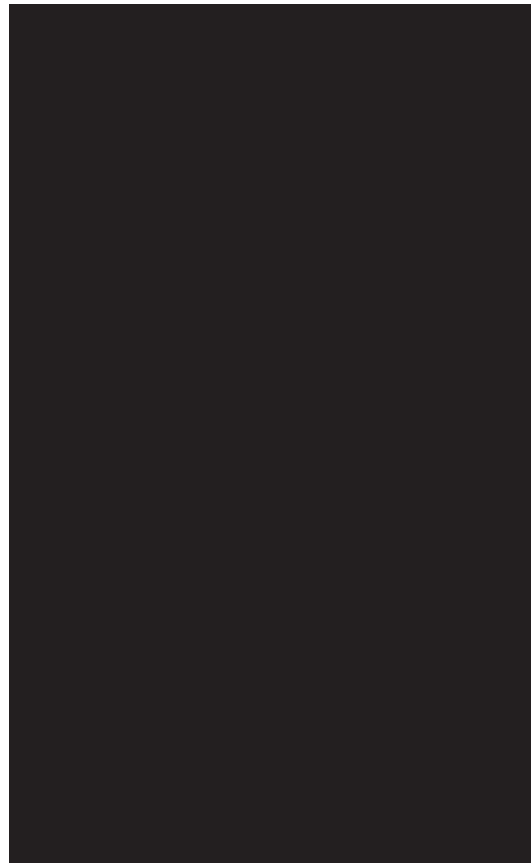
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1 A Vaguely.
2 (Munroe Exhibit No. 26 was marked
3 for identification.)
4 BY MS. AMINOLROAYA:
5 Q Marked Exhibit 26. It's E1931,
6 ENDO-OPIOID_MDL-01448657.
7 And this PROP, Physicians -- does PROP
8 stand for Physicians for Responsible Opioid
9 Prescribing?
10 A Yes.
11 Q And do you recall that they submitted a
12 Citizens Petition to the FDA requesting a change
13 to the labels of opioids?
14 A As I said before, I vaguely remember
15 this, but -- I don't remember the details in
16 specific. I remember that it -- it was an issue,
17 but --



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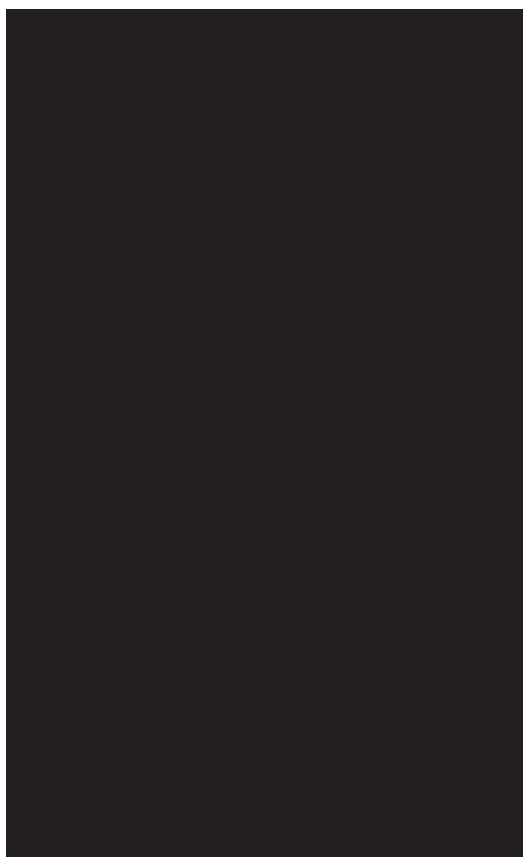
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| <p>Page 219</p> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div></div> | <p>Page 220</p> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div></div> |

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| <p>Page 221</p> <p>1 [REDACTED]</p> <p>2 [REDACTED]</p> <p>3 [REDACTED]</p> <p>4 [REDACTED]</p> <p>5 [REDACTED]</p> <p>6 [REDACTED]</p> <p>7 [REDACTED]</p> <p>8 [REDACTED]</p> <p>9 [REDACTED]</p> <p>10 [REDACTED]</p> <p>11 [REDACTED]</p> <p>12 [REDACTED]</p> <p>13 [REDACTED]</p> <p>14 [REDACTED]</p> <p>15 [REDACTED]</p> <p>16 [REDACTED]</p> <p>17 [REDACTED]</p> <p>18 [REDACTED]</p> <p>19 [REDACTED]</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p> | <p>Page 222</p> <p>1 [REDACTED]</p> <p>2 [REDACTED]</p> <p>3 [REDACTED]</p> <p>4 [REDACTED]</p> <p>5 [REDACTED]</p> <p>6 [REDACTED]</p> <p>7 [REDACTED]</p> <p>8 [REDACTED]</p> <p>9 [REDACTED]</p> <p>10 [REDACTED]</p> <p>11 [REDACTED]</p> <p>12 [REDACTED]</p> <p>13 [REDACTED]</p> <p>14 [REDACTED]</p> <p>15 [REDACTED]</p> <p>16 [REDACTED]</p> <p>17 [REDACTED]</p> <p>18 [REDACTED]</p> <p>19 [REDACTED]</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p> |
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MR. DAVIS: Is now a good time for a break? It's been over an hour or so.

MS. AMINOLROAYA: I've got a few more in this area, but we can take a break now.

THE VIDEOGRAPHER: The time is 3:35 p m. We're going off the record.

(Recess.)

THE VIDEOGRAPHER: The time is 3:51 p m. and we're back on the record.

BY MS. AMINOLROAYA:

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Q Welcome back, Mr. Barto. We took a break, and we're back on the record.

A Mr. Munroe.

Q I'm sorry.

A Yeah, it's okay.

Q Barto -- Munroe. Thank you. It's late in the afternoon. I may confuse things. I appreciate the reminder.

Do you recall if the Pain Care Forum also lobbied the FDA Commissioner concerning the REMS?

A The Pain Care Forum didn't take positions that I'm aware of. The Pain Care Forum was a -- an opportunity for organizations that -- in the pain community and in the healthcare community in Washington to get together on a monthly basis.

There were times when members of the Pain Care Forum would take a public policy position and invite others to join them. But those are the only efforts that I'm aware of are efforts in which the Pain Care Forum members would get together on a particular issue. I'm unaware of anything that any particular coalition of

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members of the Pain Care Forum did with respect to the FDA Commissioner.

MS. AMINOLROAYA: Our next exhibit, 1750, please.

BY MS. AMINOLROAYA:



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Q Okay. Well, we'll look at some more documents that provide some support for what we've just seen here.

MS. AMINOLROAYA: E1632.

BY MS. AMINOLROAYA:

Q And it was the Pain Care Forum's view that it was really critical to the future of its -- of its members that the -- that the membership make submissions to the FDA or provide feedback to the FDA on the REMS.

MR. DAVIS: Objection to form.

THE WITNESS: What's the question?

BY MS. AMINOLROAYA:

Q That it -- was it the Pain Care Forum's view that it was critical to the future of its membership that the membership make submissions to the FDA on the REMS issue?

MR. DAVIS: Objection to form.

THE WITNESS: The Pain Care Forum didn't take public policy positions, as I've described previously. It was a forum for individual member organizations to get together once a month and meet and have discussions about pain topics.

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BY MS. AMINOLROAYA:

Q Did they prepare recommendations for their membership to submit to the FDA?

A Who is "they"?

Q The Pain Care Forum.

A The Pain Care Forum is made up of members. They didn't take public policy positions as a whole, that I'm aware of.

Q Did they tell their membership what to say to the FDA?

MR. DAVIS: Objection to form.

THE WITNESS: Did who tell?

BY MS. AMINOLROAYA:

Q Did the Pain Care Forum tell their members what to say to the FDA about the REMS?

A Well, the Pain Care Forum didn't take positions on issues, so they couldn't have -- very well have told the membership what their positions were because they didn't take positions to my knowledge.

Q We're marking Exhibit 32. It's ENDO-OPIOID_MDL-02293305. It's E-numbered E1632.

(Munroe Exhibit No. 32 was marked for identification.)

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BY MS. AMINOLROAYA:

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(Munroe Exhibit No. 33 was marked
for identification.)

BY MS. AMINOLROAYA:

Q I'm handing you what's been marked as
Exhibit 33. It's ENDO-OPIOID_MDL-02297404. It's
number -- E-numbered 1752.

And is this an e-mail from Elizabeth
Bush to you on October 31, 2011 -- I'm sorry,
yeah, October 31, 2011?

A It looks to be. I have no recollection
of it, but it looks to be.



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MS. AMINOLROAYA: I'm marking as
Exhibit 34 END00077888. It's E-numbered 1450.
(Munroe Exhibit No. 34 was marked
for identification.)
BY MS. AMINOLROAYA:
Q And is this an e-mail from you to Bob
Barto on April 28th, 2009?
A It -- it appears to be that.

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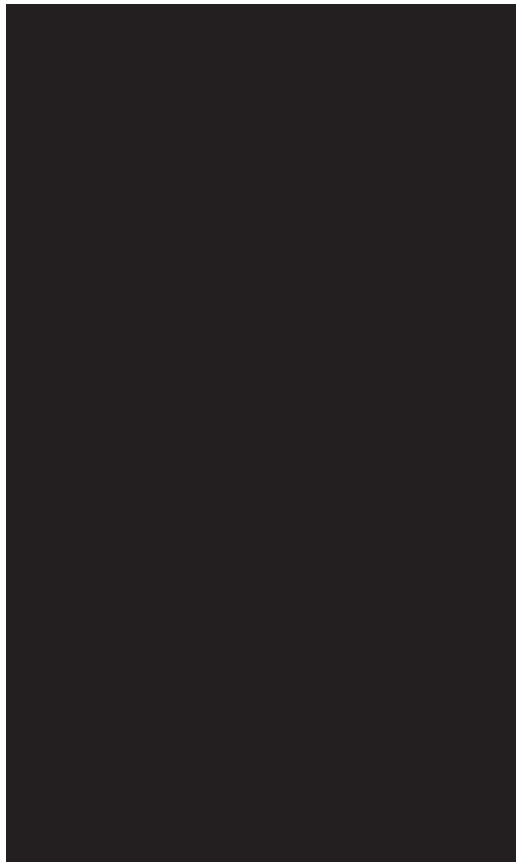
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BY MS. AMINOLROAYA:

Q You actually wrote about this lobbying
on more than one occasion.

(Munroe Exhibit No. 36 was marked
for identification.)

BY MS. AMINOLROAYA:

Q I'm handing you Exhibit 36. This is
EPI002377845. E-numbered 1968.

And is the middle e-mail here an e-mail

1 from you to David Holveck and colleagues, dated
2 April 17, 2012?

3 A Yes, I'm seeing that.

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MS. AMINOLROAYA: I'm not sure how long we're going -- we've been going. I'm at a stopping point, but I can move on.

MR. DAVIS: No, why don't -- why don't we take a quick break and then finish up after that.

THE VIDEOGRAPHER: The time is 4:51 p m. and we're going off the record.

(Recess.)

THE VIDEOGRAPHER: The time is 5:13 p m. and we're back on the record.

BY MS. AMINOLROAYA:

Q Welcome back, Mr. Barto. This is the last stretch.

A Mr. Munroe.

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Q Mr. Munroe. I'm sorry. I don't know why I keep doing that. Welcome back, Mr. Munroe. It's a sign that it's 5:12 and we've been going for six hours.

Did -- do you -- did Endo, as part of its government affairs and public policy work, support certain pain measures with respect to veterans?

MR. DAVIS: Objection to form.

THE WITNESS: I recall that we lobbied one issue on -- on a veterans piece of legislation while I was at Endo.

BY MS. AMINOLROAYA:

Q And what was that?

A I don't remember the details of -- but I remember the arguments we were making, which is we wanted to preserve the right of veterans being treated for pain, for physicians to be able to prescribe the right medicines for the appropriate patients at the right time for veterans, and that there was legislation that was introduced and moving forward that would have prevented that. So we worked with the Veterans' Affairs Committee in the House to assure that veterans received

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1 appropriate pain care treatment.
2 Q And did you support the Veterans Pain
3 Care Act of 2007?
4 A I don't know if we supported the overall
5 act. I know that we were involved with the issue
6 as I previously described.
7 MS. AMINOLROAYA: 1747.
8 I'm marking Exhibit 37, which is
9 ENDO-OPIOID MDL-02807915. It's E1747.
10 (Munroe Exhibit No. 37 was marked
11 for identification.)
12 BY MS. AMINOLROAYA:
13 Q And is this an e-mail from Burt Rosen to
14 Brian -- to you on October 28, 2007?
15 A It does appear to be that.
16 Q And is he forwarding on an e-mail from
17 Tamara Sloan-Anderson?
18 A Yes. Yeah, he is actually forwarding an
19 e-mail from Pamela Bennett.
20 Q Yes, thank you.
21 And who's Pamela Bennett?
22 A Pamela Bennett is a Purdue employee.
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24 [REDACTED]

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| <p>Page 283</p> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <p>Page 284</p> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |

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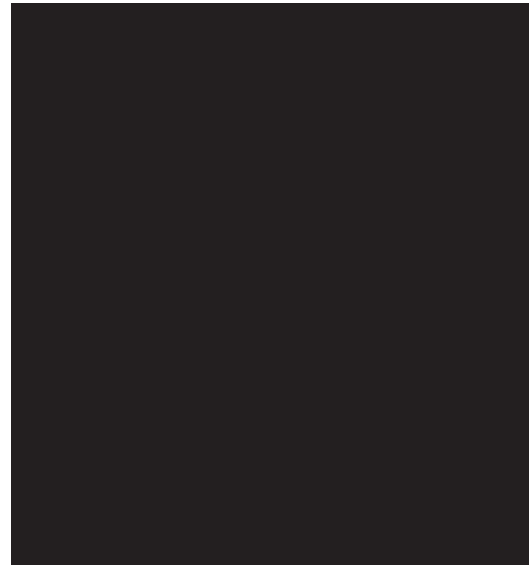
BY MS. AMINOLROAYA:

Q Thank you.

And did you enlist the help of lobbyists
and the American Pain Foundation to help lobby the
DEA for an increased quote of oxymorphone?

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MR. DAVIS: Objection to form.
THE WITNESS: I don't recall all of the
specific steps that I would have taken.
(Munroe Exhibit No. 40 was marked
for identification.)
BY MS. AMINOLROAYA:
Q We've marked Exhibit 40. This is
EPI001179443, and it's E-numbered 1905.



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MR. DAVIS: Objection to form.

MS. AMINOLROAYA: 1921.

(Munroe Exhibit No. 41 was marked
for identification.)

BY MS. AMINOLROAYA:

Q I'm handing you Exhibit 41, which is
EPI001313856. It's E-numbered 1921.



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MS. AMINOLROAYA: Withdraw the last question.

(Munroe Exhibit No. 42 was marked for identification.)

BY MS. AMINOLROAYA:

Q We're handing you Exhibit 42. This is ENDO-CHI-LIT00096310. It's E1771.

And is this a letter from Will Rowe to the American Pain Foundation? If you turn to the second and third page of the document.

A (Peruses document.) I don't recall this letter from eight years ago, but I have just read it.

Q Thank you.



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MS. AMINOLROAYA: Withdrawn.

BY MS. AMINOLROAYA:

Q Mr. Munroe, if you're not going to
answer my question, I'm going to withdraw the
question and your testimony is meaningless.

(Munroe Exhibit No. 44 was marked

for identification.)

BY MS. AMINOLROAYA:

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1 Q Exhibit 44, EPI001504213, and it's
2 E-numbered 1782.

3 And this an e-mail from you to your
4 colleagues at Endo on December 15th, 2011?

5 A It appears to be that.

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1 MS. AMINOLROAYA: Withdraw the question.
2 I have no further questions at this
3 time.
4 THE VIDEOGRAPHER: Should we go off the
5 record?
6 MR. DAVIS: Yeah, we can go off.
7 THE VIDEOGRAPHER: The time is 6:06 p.m.
8 We're going off the record.
9 (Recess.)
10 THE VIDEOGRAPHER: The time is 6:20 p.m.
11 and we're back on the record.
12 EXAMINATION BY COUNSEL FOR THE
13 TENNESSEE PLAINTIFFS
14 BY MS. HERZFELD:
15 Q Okay, Mr. Munroe, my name is Tricia
16 Herzfeld. I'm an attorney representing the
17 plaintiffs in the Tennessee state litigation.
18 Are you familiar with the Tennessee
19 state litigation?
20 A I'm not.
21 Q Okay.
22 MS. HERZFELD: And I'm going to go ahead
23 and put on the record our usual objections. We
24 don't believe that the defendants have complied

1 with document production, the MDL deposition
2 protocol or the protocol that's at issue in the
3 Stalbus or Dunaway matters.
4 MR. DAVIS: Yeah, same response that we
5 have on the record for all of these, that we
6 disagree. We believe we've complied with document
7 production requirements and the MDL deposition
8 protocol.
9 MS. HERZFELD: Okay. Great.
10 BY MS. HERZFELD:
11 Q Mr. Munroe, you have two sets of
12 attorneys here today; is that correct?
13 A No.
14 Q Okay. So who is your attorney?
15 A I'm represented by Arnold & Porter.
16 They're joined by the -- the legal team at Endo
17 and Walter Cohen at Obermayer.
18 Q Okay. So what about my question if you
19 have two sets of attorneys was incorrect?
20 A Oh, I was referring to also the -- the
21 Endo legal team.
22 Q Okay. So you have Endo in-house
23 counsel. Is that correct?
24 A Yeah, I don't -- I don't know if there

1 is a direct representation there. So -- so maybe
2 it is two.

3 Q Okay. And have you signed a
4 representation agreement with Arnold & Porter?

5 A I have.

6 Q Okay. And are you paying Arnold &
7 Porter?

8 A No.

9 Q Okay. And what was the name of your
10 other attorney?

11 A Walter Cohen.

12 Q Walter Cohen. And do you have a
13 representation agreement with Mr. Cohen?

14 A I do.



24 Q Okay. And did you ask for separate

1 your memory?

2 MR. DAVIS: I'll just object. These are
3 all preliminary questions that were covered by the
4 MDL plaintiffs counsel. I think our agreement is
5 to non-duplicative questioning. So if we could
6 get to the Tennessee-specific non-duplicative
7 questioning sooner rather than later, I think we'd
8 all appreciate it.

9 BY MS. HERZFELD:

10 Q If you could answer my question, please,
11 sir.

12 A No.

13 Q Okay. So you haven't had a stroke or
14 head injury?

15 A No.

16 MR. DAVIS: Objection to form.

17 BY MS. HERZFELD:

18 Q Okay. Because I noticed earlier you
19 seemed to be having some problems with your
20 memory, and I'm trying to figure out why that is.

21 MR. DAVIS: Objection to form.

22 I'm just going to instruct you not to
23 answer that ridiculously abusive question, Brian.
24 That absolutely has no relevance and serves no

1 counsel or was it offered to you?

2 MR. DAVIS: Objection to form to the
3 extent that it requires you to divulge
4 conversations you've had with legal counsel.

5 THE WITNESS: I've been advised by my
6 attorney not to answer that question.

7 BY MS. HERZFELD:

8 Q And that's how you took his -- his
9 advice there? He said answer it if you can answer
10 it.

11 So my question is, without divulging
12 attorney-client information, can you answer the
13 question?

14 A No.

15 Q Okay. And so you're relying on the
16 advice of your attorney and refusing to answer the
17 question in this deposition?

18 A Correct.

19 Q Okay. Very good.

20 Okay. And have you taken any medication
21 today that could impact your memory?

22 A No.

23 Q Okay. Have you had any sort of physical
24 injury or physical impairment that could affect

1 purpose other than to harass the witness.

2 THE WITNESS: I'm choosing not to answer
3 that question on advice of counsel.

4 BY MS. HERZFELD:

5 Q Okay. So you're taking your attorney's
6 advice not to answer a question about why you're
7 having memory problems in this deposition?

8 MR. DAVIS: Again, objection to form.

9 And, Brian --

10 This is a question that is designed
11 purely to harass the witness.

12 If you want to ask him some substantive
13 questions about events in Tennessee that were not
14 covered by the MDL plaintiffs, you're free to do
15 so. We welcome your participation in that. But
16 if you're going to ask questions that are solely
17 designed to harass Mr. Munroe, we're just going to
18 stop.

19 MS. HERZFELD: Okay. And if you could
20 just take down the time right now, Ms. Court
21 Reporter, please.

22 I'm not going to have my two hours of
23 time taken up by your speaking objections.

24 MR. DAVIS: Well, we're not going to

1 waste Mr. Munroe's time with questions that are
 2 designed to solely harass him. If you have
 3 Tennessee-specific questions, we welcome them.
 4 Please go ahead. Otherwise, we'll take
 5 Mr. Munroe, and we can stop this now.
 6 MS. HERZFELD: I will ask my questions.
 7 I'll ask my question. You're not going to tell me
 8 what questions I can ask and what questions I
 9 cannot.
 10 MR. DAVIS: Well, you may be -- you may
 11 be asking questions of an empty chair if they're
 12 not Tennessee specific and they're not unique.
 13 MS. HERZFELD: Okay. Great.
 14 BY MS. HERZFELD:
 15 Q In any event, Mr. Munroe, do you have
 16 some problems with your memory?
 17 MR. DAVIS: Objection to form.
 18 THE WITNESS: I don't.
 19 BY MS. HERZFELD:
 20 Q Okay. So do you know about the illegal
 21 drug market for Opana?
 22 MR. DAVIS: Objection to form.
 23 THE WITNESS: I'm not an expert in the
 24 illegal drug market for Opana.

1 answer three different times and none of them have
 2 answered my question.
 3 Are you aware that Opana is sold on the
 4 black market?
 5 MR. DAVIS: Objection to form, and asked
 6 and answered.
 7 THE WITNESS: I am aware that all
 8 opioids carry a risk of misuse and abuse.
 9 BY MS. HERZFELD:
 10 Q Are you aware that any opioids are sold
 11 on the black market?
 12 MR. DAVIS: Objection to form.
 13 Foundation.
 14 THE WITNESS: I am aware that all
 15 opioids carry a risk of misuse and abuse.
 16 MS. HERZFELD: Okay. We're going to
 17 stop right now. Is he going to answer the
 18 questions today or is he going to continue just
 19 saying the same thing over and over again?
 20 MR. DAVIS: He's going to answer your
 21 questions. Just because you don't like his answer
 22 doesn't mean he's not answering them. And
 23 frankly, you could lay maybe just a touch of
 24 foundation for any of these questions.

1 BY MS. HERZFELD:
 2 Q I didn't ask you if you were an expert
 3 in the illegal drug market for Opana. I asked you
 4 if you were aware of the illegal drug market for
 5 Opana.
 6 Are you aware of the illegal drug market
 7 for Opana?
 8 A I am aware that all opioids carry a risk
 9 of misuse and abuse.
 10 Q Okay. But my question was, are you
 11 aware of the illegal drug market for Opana?
 12 MR. DAVIS: Objection to form.
 13 THE WITNESS: I am aware of the risks
 14 that all opioids carry for misuse and abuse.
 15 MS. HERZFELD: And that was
 16 nonresponsive to my question.
 17 BY MS. HERZFELD:
 18 Q Do you know that Opana is sold on the
 19 street in the black market?
 20 MR. DAVIS: Objection to form.
 21 THE WITNESS: I do understand that all
 22 opioids carry a risk of misuse and abuse.
 23 BY MS. HERZFELD:
 24 Q Okay. So you've now given me the same

1 MS. HERZFELD: And your speaking
 2 objections are completely inappropriate.
 3 MR. DAVIS: You just asked me a
 4 question.
 5 MS. HERZFELD: Under the MDL protocol,
 6 you are allowed to object to the form, and that is
 7 it.
 8 MR. DAVIS: I'm -- you asked me a direct
 9 question, and I'm answering it.
 10 MS. HERZFELD: I'm going to make my
 11 record right now. If we don't get answers from
 12 this witness today, we will be going straight to
 13 the judge to be asking to re-depose him.
 14 Now, I at this point have agreed --
 15 MR. DAVIS: If you want --
 16 MS. HERZFELD: -- to do two hours of
 17 questioning in order to see if we can keep the
 18 burden of this witness to a minimum. However, if
 19 we're going to sit here for two hours, and he
 20 can't answer a basic question, we're just going to
 21 go to the judge.
 22 MR. DAVIS: You're not asking him
 23 questions for Tennessee. You're not asking
 24 questions for which you've laid a foundation.

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| <p style="text-align: right;">Page 313</p> <p>1 You've only -- you've asked him again --</p> <p>2 MS. HERZFELD: Will you please mark this</p> <p>3 down for my time.</p> <p>4 MR. DAVIS: -- by asking questions to</p> <p>5 purely harass him.</p> <p>6 MS. HERZFELD: I would like to reclaim</p> <p>7 my time at the end.</p> <p>8 MR. DAVIS: And, frankly, if you want to</p> <p>9 take this record to a state court judge in</p> <p>10 Northern Virginia, we can do that, but we --</p> <p>11 MS. HERZFELD: No, I'll take --</p> <p>12 MR. DAVIS: -- we welcome -- we welcome</p> <p>13 your participation with respect to questions</p> <p>14 related to Tennessee.</p> <p>15 MS. HERZFELD: Okay. I want to go --</p> <p>16 MR. DAVIS: I'm happy to have the</p> <p>17 witness answer that.</p> <p>18 MS. HERZFELD: I want to reclaim my time</p> <p>19 from this ridiculous speaking objection, please.</p> <p>20 BY MS. HERZFELD:</p> <p>21 Q Now, you're aware that Opana is sold on</p> <p>22 the black market; is that correct?</p> <p>23 MR. DAVIS: Objection to form,</p> <p>24 foundation.</p> | <p style="text-align: right;">Page 314</p> <p>1 MS. HERZFELD: No speaking objections.</p> <p>2 Object to form is what the MDL protocol says.</p> <p>3 Object to form.</p> <p>4 MR. DAVIS: That's an objection to form.</p> <p>5 Foundation is an objection to the form of the</p> <p>6 question.</p> <p>7 MS. HERZFELD: No, it's not.</p> <p>8 THE WITNESS: I don't want to speak to</p> <p>9 issues that I'm not informed about, and the black</p> <p>10 market for prescription drugs is not an issue that</p> <p>11 I'm informed about.</p> <p>12 BY MS. HERZFELD:</p> <p>13 Q Okay. So you are unaware that opioid</p> <p>14 medication is sold illegally in the black market.</p> <p>15 MR. DAVIS: Objection to form.</p> <p>16 THE WITNESS: I don't know what the</p> <p>17 black market means.</p> <p>18 I do -- I would tell you that I realize</p> <p>19 fully that all opioid products carry a risk of</p> <p>20 misuse and abuse. So I'm -- I'm clear on that</p> <p>21 point.</p> <p>22 BY MS. HERZFELD:</p> <p>23 Q Okay. So you're aware that people</p> <p>24 inject Opana ER, are you not?</p> |
| <p style="text-align: right;">Page 315</p> <p>1 MR. DAVIS: Objection to form.</p> <p>2 THE WITNESS: I am aware that Opana ER</p> <p>3 has been abused.</p> <p>4 BY MS. HERZFELD:</p> <p>5 Q Okay. And when you say you're aware</p> <p>6 that Opana ER has been abused, in which ways do</p> <p>7 you know it has been abused?</p> <p>8 A It has been abused by snorting and</p> <p>9 injecting.</p> <p>10 Q Okay. And what about taking it orally?</p> <p>11 A I don't know about that abuse.</p> <p>12 Q Okay. So you've never heard of someone</p> <p>13 taking orally an Opana -- an Opana pill without a</p> <p>14 prescription?</p> <p>15 MR. DAVIS: Objection to form.</p> <p>16 THE WITNESS: I -- I don't recall</p> <p>17 knowing about that form of abuse.</p> <p>18 BY MS. HERZFELD:</p> <p>19 Q Okay. But you did know about snorting</p> <p>20 and intravenous injection; is that correct?</p> <p>21 A Yes.</p> <p>22 Q Okay. And so if someone is injecting</p> <p>23 Opana into their veins, is that typically the way</p> <p>24 that it has been prescribed for them to take, to</p> | <p style="text-align: right;">Page 316</p> <p>1 your knowledge?</p> <p>2 MR. DAVIS: Objection to form.</p> <p>3 THE WITNESS: I am not a physician or a</p> <p>4 medical expert, and I'm uncomfortable speaking</p> <p>5 about issues and which is the appropriate way to</p> <p>6 take Opana ER.</p> <p>7 BY MS. HERZFELD:</p> <p>8 Q Okay. But certain --</p> <p>9 A My understanding is the appropriate way</p> <p>10 to take it would be to swallow it.</p> <p>11 Q Okay. And so to inject it would</p> <p>12 indicate that someone is abusing Opana ER; is that</p> <p>13 correct?</p> <p>14 MR. DAVIS: Objection to form.</p> <p>15 THE WITNESS: I am not a physician or a</p> <p>16 scientist or an abuse expert. So my</p> <p>17 understanding, which is really almost a layman's</p> <p>18 understanding, of how the product should be</p> <p>19 appropriately administered is orally.</p> <p>20 BY MS. HERZFELD:</p> <p>21 Q Okay. Have you ever heard of anyone</p> <p>22 being arrested for selling Opana ER without a</p> <p>23 prescription?</p> <p>24 MR. DAVIS: Objection to form.</p> |

1 THE WITNESS: I don't recall being aware
2 of that.

3 BY MS. HERZFELD:

4 Q Okay. And have you heard of any law
5 enforcement actions for anyone selling opioid
6 medication without a prescription?

7 A I've read about stories in the
8 newspaper.

9 Q Okay. So you are aware that opioid
10 medication can be sold illegally on the street; is
11 that right?

12 MR. DAVIS: Objection to form.

13 THE WITNESS: I -- I have read press
14 reports about that that would make me aware.

15 BY MS. HERZFELD:

16 Q Okay. And you are aware that there was
17 a problem with Opana ER injection in Tennessee; is
18 that correct?

19 A It is correct.

20 Q Okay. And when did you first become
21 aware of that?

22 A I don't know the dates.

23 Q Okay. And what is it that you -- what
24 is it that you recall about the IV injection

1 problem with Opana in Tennessee?

2 A The details are fuzzy because it was
3 sometime ago, but I -- I remember that it being
4 localized in a -- in a particular locality of
5 Tennessee. I do remember that.

6 Q Do you know what a pill mill is?

7 A I've read press reports of -- of what a
8 pill mill is.

9 Q Okay. And what is your understanding of
10 what is a pill mill?

11 A My understanding of a pill mill is a
12 place where there's inappropriate prescribing or
13 dispensing of pain medications.

14 Q Okay. And when you say "inappropriate,"
15 what do you mean?

16 A Not according to good medical practice.

17 Q Okay. Is your understanding that it's a
18 place where people can get medication without a
19 legitimate medical need?

20 MR. DAVIS: Objection to form.

21 THE WITNESS: I don't really know.

22 BY MS. HERZFELD:

23 Q Do you know what "diversion" means in
24 regards to opioids?

1 A I think I do.

2 Q Okay. And what is your definition of
3 "diversion"?

4 A My definition of "diversion" would be
5 when an opioid product leaves the legitimate
6 manufacturing distribution, dispensing,
7 prescribing, lawful way in which pain patients,
8 including terminally ill patients, cancer
9 patients, end-of-life patients, or chronically ill
10 pain patients, would lawfully get the -- get a
11 prescription of pain medication.

12 Q Okay. Okay. And then those pills that
13 were diverted that you just described, your
14 understanding is they would enter then the illegal
15 market for pain medication; is that correct?

16 A I wouldn't characterize it that, because
17 I -- I'm just not close to that situation. I
18 would say that if it left -- if a product left the
19 legitimate, lawful manufacturing, distribution,
20 dispensing, prescribing, lawful way in which a
21 pain medication was appropriately prescribed for a
22 patient who needed it, that that would constitute
23 diversion.

24 Q Okay. And diversion would be unlawful;

1 is that correct?

2 MR. DAVIS: Objection to form.

3 THE WITNESS: I don't want to speak to
4 all of the laws that control all of the
5 manufacture, distribution, dispensing and
6 prescribing of opioid medications because I'm not
7 an expert in that area.

8 BY MS. HERZFELD:

9 Q Okay. But you would agree that at least
10 some of that would be unlawful; is that correct?

11 A I think that's fair to say.

12 Q Okay. Okay. And so at some point you
13 knew that there was a problem in Tennessee with
14 the abuse and misuse of Opana, you said before; is
15 that correct?

16 A Yes.

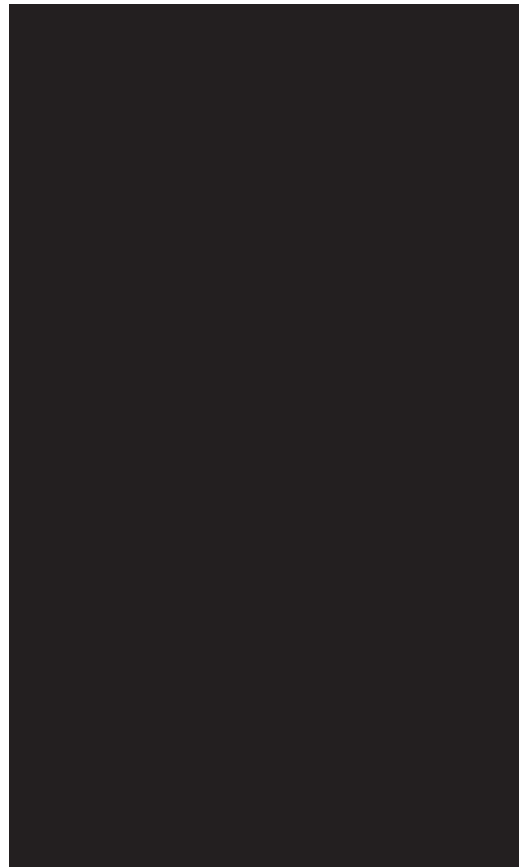
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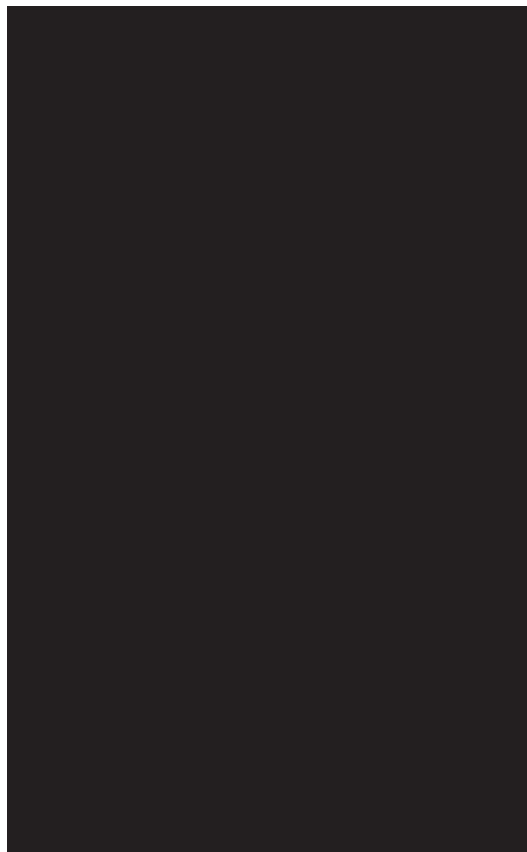
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Q Okay. So I want to make sure I understood your testimony from earlier.

You had said that your role at government affairs was to represent the company's interests before elected and appointed officials. Do you recall that testimony?

A What I recall representing was that -- that I represented the company's interests where they intersected with benefits to society, public health, and a benefit to patients.

Q Oh, yes, I remember that. You said it like 20 times.

1 But do you recall the testimony about
2 the company's interests before -- you said your
3 role at government affairs was to represent the
4 company's interests before elected and appointed
5 officials. Is that an accurate statement?

6 MR. DAVIS: Objection to everything
7 before the question, and objection to the question
8 as purely duplicative of the testimony he gave for
9 seven hours prior to this questioning.

10 THE WITNESS: I did represent the
11 company's interests where they intersected with
12 benefits to society, public health, and benefits
13 to patients.

14 BY MS. HERZFELD:

15 Q Okay. But my question was, is it an
16 accurate statement that your role at government
17 affairs was to represent the company's interests
18 before elected and appointed officials? It's a
19 very simple question.

20 MR. DAVIS: Objection to form, and it's
21 one that he answered many times on --

22 THE WITNESS: I -- I disagree with your
23 characterization because you're leaving out the
24 part about benefits to society, public health, and

1 benefits to patients.

2 BY MS. HERZFELD:

3 Q Okay, sir, it --

4 A So I disagree with your characterization
5 of my role at Endo.

6 Q Okay. I wrote it down as a quote, but
7 that's fine if you don't want to agree with me on
8 that.

9 You had said that you brought in subject
10 matter experts when there were particular
11 questions that you weren't the subject matter
12 expert in when you were dealing with various
13 legislators or the Executive Branch.

14 Did I understand that correctly?

15 A I -- I --

16 MR. DAVIS: Objection to form. This is
17 purely duplicative. If we could get to the
18 Tennessee-specific questioning, I think we all in
19 the room would appreciate it.

20 BY MS. HERZFELD:

21 Q Can you answer my question, please.

22 A I -- I often used subject matter
23 experts.

24 Q And so when you were using those subject

1 matter experts, would they meet with the -- the
2 various legislators on their own or would you be
3 present at that time?

4 A In almost --

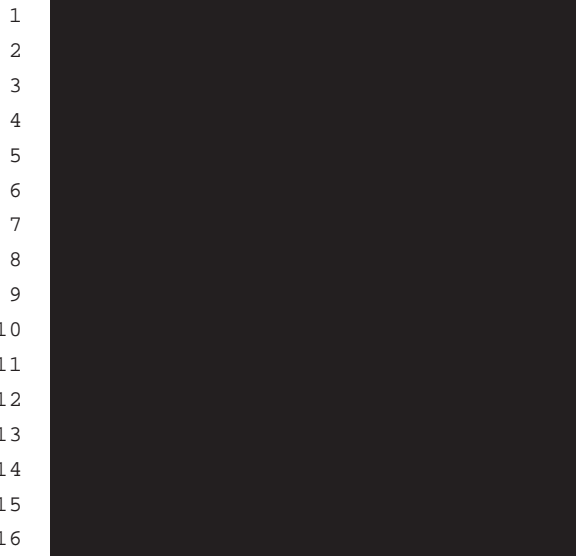
5 MR. DAVIS: Objection to form.

6 THE WITNESS: In almost every case, I
7 would be with them.

8 BY MS. HERZFELD:

9 Q Okay.

10 A But perhaps not exclusively.



17 BY MS. HERZFELD:

18 Q Have you heard that Appalachia has been
19 hit pretty hard by the opioid abuse epidemic?

20 MR. DAVIS: Objection to form.

21 THE WITNESS: I have. I have read the
22 press reports.

23 BY MS. HERZFELD:

24 Q Okay. And when did you first get that

Page 329

1 knowledge?

2 A I don't recall.

3 Q And do you consider Tennessee to be part
4 of Appalachia?

5 A It's certainly a part of Tennessee.
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Q Okay. So we've exhausted your personal knowledge on that issue; is that correct?

A I don't know whether we have or not.

Q Well, I guess that's my question.

So you're -- you're directing me to Dr. Shusterman to ask for information that you don't have.

A He would best know.

Q I understand that, but I want to make sure I understand everything that you know.

And so you've told me about this donation to drugfree.org.

What, if anything, else do you know personally?

A I don't recall --

MR. DAVIS: Objection to form.

THE WITNESS: -- anything else.

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1 BY MS. HERZFELD:
2 Q Okay. Thank you very much for that.
3 Okay. I am going to hand you what we
4 will mark as Munroe Exhibit 45.
5 (Munroe Exhibit No. 45 was marked
6 for identification.)
7 MS. HERZFELD: There's for you. And I
8 think that's for everybody else if anybody wants
9 them.
10 Okay. For those on the phone, and for
11 the record, this document is marked ENDO-OPIOID_
12 MDL02667004 and 7005. It's a two-page document.
13 BY MS. HERZFELD:
14 Q Mr. Munroe, do you see that this is an
15 e-mail that was sent from Brian Lortie to you on
16 November 13th, 2014?
17 A I do.
18 Q Okay. And Brian Lortie was someone that
19 you worked with at Endo; is that correct?
20 A Correct.
21 Q Okay. Okay. And Brian Lortie was the
22 president of Endo --
23 MR. DAVIS: Objection to form.
24 BY MS. HERZFELD:

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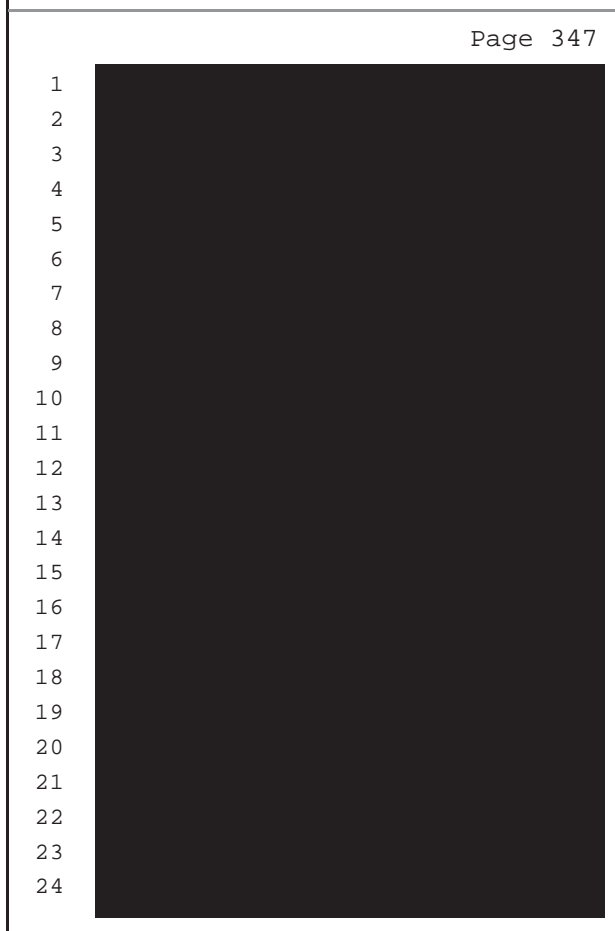
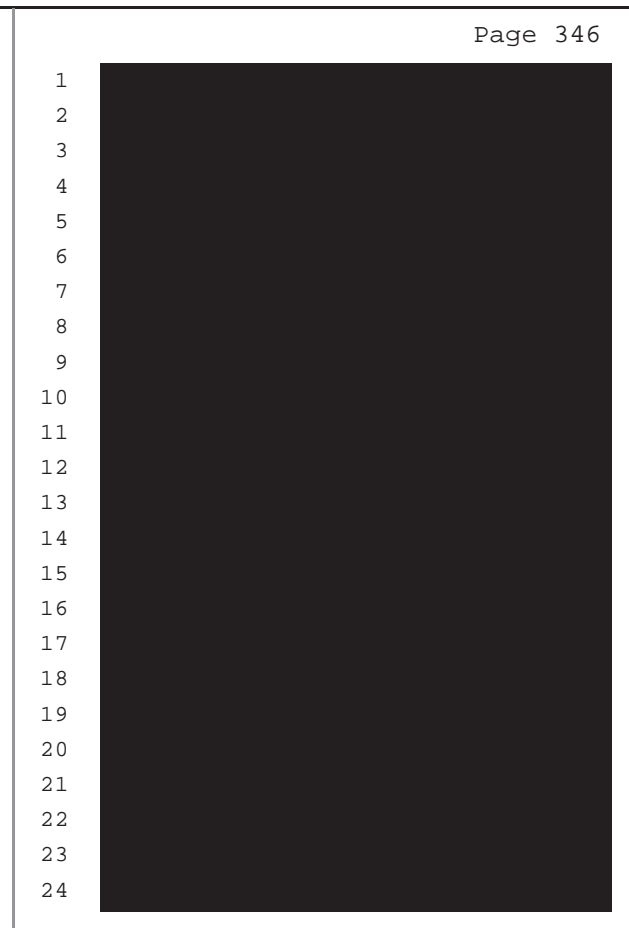
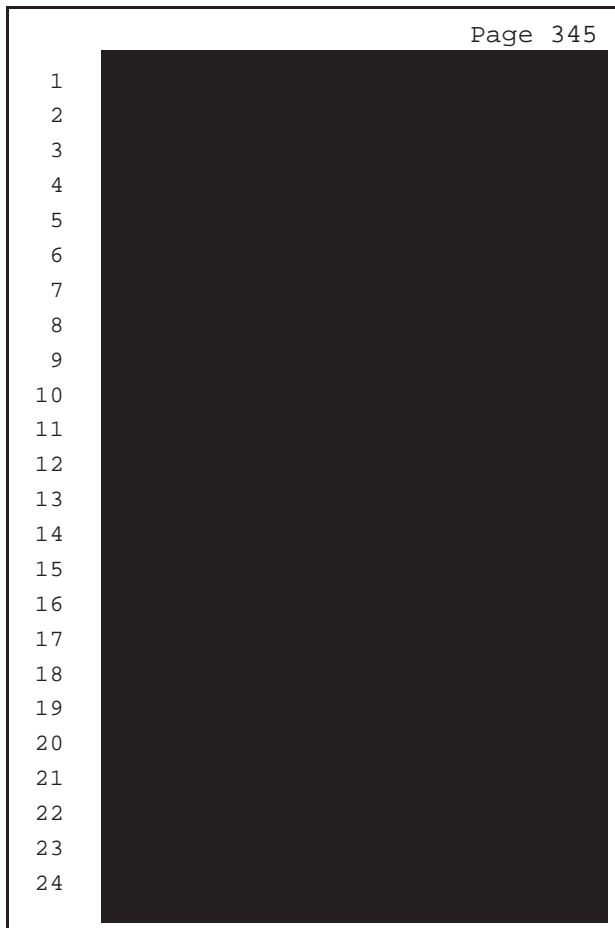
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1 Q -- Branded Pharmaceuticals, yes?
2 A Branded Pharmaceuticals.
3 Q Okay. And so he sends -- this is an
4 e-mail forwarding an e-mail from him to Jason
5 Reckner, and then Jason to Brian Lortie, and then
6 Brian Lortie to you; is that right?
7 A Correct.


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8 MS. HERZFELD: Okay. We can take a
9 break.
10 THE WITNESS: Thank you.
11 THE VIDEOGRAPHER: The time is 7:01 p m.
12 We're going off the record.
13 (Recess.)
14 THE VIDEOGRAPHER: The time is 7:08 p m.
15 We're back on the record.
16 BY MS. HERZFELD:
17 Q Okay, Mr. Munroe, we're back after a
18 short break.
19 I'm going to hand you the next exhibit,
20 which we will mark as Munroe Exhibit 46. It's
21 ENDO-OPIOID_MDL-02801542 and 43, 44, and a
22 smattering of attachments that end in 62.
23 (Munroe Exhibit No. 46 was marked
24 for identification.)

1 BY MS. HERZFELD:
2 Q Okay. If you could take a look at this
3 for me very quickly, sir.
4 A (Peruses document.)
5 Q Does this appear to be an e-mail that
6 was sent from you to Scott Andrew on April the
7 14th, 2016?
8 A Andrew Scott.
9 Q Oh, I'm sorry, yes, sir. Andrew Scott.
10 And who is Andrew Scott?
11 A He was my employee in the Washington
12 office.
13 Q Okay. And it looks like you are
14 forwarding an e-mail that you previously sent to
15 Brian Lortie, Paul Campanelli, Keri Mattox, and
16 then copying a bunch of other folks on April the
17 4th; is that right?
18 A That would be correct, yes.

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 15 [REDACTED]
 16 Q Okay. You can set that aside for me,
 17 please.
 18 Are you familiar at all with Purdue's
 19 abuse, detection and deterrent plan?
 20 MR. NOVY: Objection to form.
 21 MR. DAVIS: Objection to form.
 22 THE WITNESS: No.
 23 BY MS. HERZFELD:
 24 Q Okay. Have you ever discussed with

1 Mr. Rosen Purdue's efforts to curb the opioid
 2 abuse problem?
 3 MR. NOVY: Form and foundation.
 4 THE WITNESS: Not that I recall.
 5 BY MS. HERZFELD:
 6 [REDACTED]
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 20 [REDACTED]
 21 MS. HERZFELD: Okay. And I'm going to
 22 move to strike everything after "I don't recall
 23 whether I was involved or not."
 24 BY MS. HERZFELD:

1 Q Sir, do you know what neonatal
 2 abstinence syndrome is?
 3 A No.
 4 Q Have you ever heard of the term
 5 "neonatal abstinence syndrome"?
 6 MR. DAVIS: Objection to form.
 7 THE WITNESS: I don't recall hearing
 8 that term before.
 9 BY MS. HERZFELD:
 10 Q Okay. Have you heard about babies being
 11 born dependent on opioids?
 12 MR. DAVIS: Objection to form.
 13 THE WITNESS: I -- I don't recall
 14 knowing about that.
 15 BY MS. HERZFELD:
 16 Q Sir, do you know that I represent the
 17 babies of Tennessee that have been born dependent
 18 on opioids?
 19 MR. DAVIS: Objection to form.
 20 THE WITNESS: I did not know that.
 21 BY MS. HERZFELD:
 22 Q If we could go back to Exhibit, I
 23 think, 45. Is that the 2014 e-mail?
 24 MR. DAVIS: Which one?

1 MS. HERZFELD: 2014, Exhibit 45.
 2 MR. DAVIS: Is that -- that looks like a
 3 43. I --
 4 MS. HERZFELD: Let me -- oops, that's
 5 45.
 6 MR. DAVIS: Is this -- this is the one
 7 you want (indicating), right?
 8 MS. HERZFELD: Yes.
 9 BY MS. HERZFELD:

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BY MS. HERZFELD:

Q Okay. So in 2015, 2016 and 2017 --
actually, strike that.

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So Opana was removed from the market in
2017; is that correct?

MR. DAVIS: Objection to form.

THE WITNESS: Could you repeat the
question, please?

BY MS. HERZFELD:

Q Yes. Opana -- reformulated Opana ER was
removed from the market in 2017; is that correct?

A I -- I don't know the exact date.

Q Okay. But it was removed from the
market, yes?

MR. DAVIS: Objection to form.

THE WITNESS: It was removed from the
market.

BY MS. HERZFELD:

Q Okay. And it wasn't removed from the
market last month, right?

MR. DAVIS: Objection to form.

THE WITNESS: It was not removed from
the market last month. It was removed while I was
an employee at Endo.

BY MS. HERZFELD:

Q Okay. And you left your employment with
Endo when?

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A In March of 2018.

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Q Okay. And what is it that you see is
the difference between "considered" and
"discussed"?

MR. DAVIS: Objection to form.

THE WITNESS: I think it's the -- the
Webster's dictionary for those two words, and --
BY MS. HERZFELD:

Q Okay.

A -- would use that as a reference
document.

Q Great.

Okay. And when dealing with opioid
products, you would agree that Endo should balance

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1 the benefits and the risks in the use of opioids;
2 is that correct?

3 MR. DAVIS: Objection to form.
4 Foundation.

5 THE WITNESS: When -- when I was an
6 employee at Endo, we sought to protect a
7 physician's ability to write prescriptions for
8 patients who needed them, and also undertake
9 efforts to mitigate the misuse and abuse of our
10 products.

11 BY MS. HERZFELD:

12 Q Okay.

13 A So those were dual goals that we had.

14 Q Okay. So I'm going to back up.

15 You'd agree with me that while you
16 believe there are benefits of opioids, there are
17 also risks to opioid use; is that correct?

18 A As I've stated throughout the -- the
19 course of my testimony today, there are -- I
20 understand that there are risks associated with
21 the misuse and abuse of all opioids.

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BY MS. HERZFELD:

Q Okay. I'm going to hand you what we're going to mark as Munroe Exhibit 47.

(Munroe Exhibit No. 47 was marked for identification.)

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MR. DAVIS: I said I'm not going to explain the work-product doctrine to you right now, but we're clawing the document back.

MS. HERZFELD: Pardon me. Okay.

Well, we're going to object to that, and specifically reserve the ability to question on that, we -- question on this specific issue. This e-mail very clearly has to do with Tennessee. There's no attorney on it. You haven't indicated that it was done at the direction of an attorney.

So I don't understand exactly what the work-product privilege claimed here is, but we're specifically reserving our right to -- to question about this.

MR. DAVIS: Again, I'm not going to discuss the work-product doctrine with you on the record right now. We're clawing it back.

MS. HERZFELD: Okay, we'll talk about it during the break. Okay?

BY MS. HERZFELD:

Q Do you recall ever talking about the opioid problem in Tennessee and discussing it as it's a story about Tennessee, not a story about Opana?

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MS. HERZFELD: Could the witness see that exhibit?

MR. DAVIS: I'm going to claw this document back as protected attorney work product given the involvement of legal counsel in preparation for the Opana ER AdCom.

MS. HERZFELD: Who is the legal counsel on the e-mail?

MR. DAVIS: There's no legal counsel on the -- the e-mail.

MS. HERZFELD: So you're clawing it back and there's no legal counsel?

MR. DAVIS: I'm not going to debate the work-product doctrine with you right now, but we're clawing it back.

MS. HERZFELD: Okay. Well, I'm reserving my right to ask questions about this document because I don't understand how it is that you're declaring it work product if there's no attorney on this e-mail.

MR. DAVIS: Again, I'm not going to explain the work-product doctrine to you right now, but we're clawing it back.

MS. HERZFELD: Pardon me?

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MR. DAVIS: Objection to form.

THE WITNESS: I -- I don't recall.

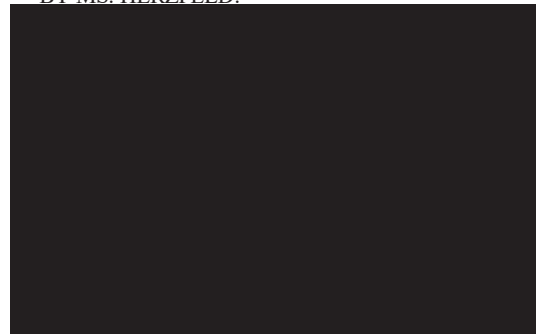
BY MS. HERZFELD:

Q Do you -- were you involved at all in trying to figure out why it is that Tennessee had such an abuse problem with Opana?

MR. DAVIS: Objection to form, foundation.

THE WITNESS: I was not involved. That would have been our pharmacovigilance and our medical affairs department. The principal individual at Endo would have been Dr. Neil Shusterman, and he would have information about that.

BY MS. HERZFELD:



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1 [REDACTED]
2 Do you see that?
3 A Yes. I -- I want to familiarize myself
4 with this e-mail, so I'm going to take a moment to
5 read it.
6 Q Sure, sir.
7 A (Peruses document.)
8 MR. DAVIS: I claw this one back too.
9 Same principle. This is covered by the
10 work-product doctrine. It's work performed at the
11 direction of legal counsel. Specifically Jenn
12 Dubas is referenced in the e-mail chain and copied
13 in the earlier chain.
14 MS. HERZFELD: Okay. We're going to
15 object to you clawing this back, and reserve our
16 right to question on this document.
17 MR. DAVIS: Would -- would you just hang
18 on to them. I don't want them on the record.
19 BY MS. HERZFELD:
20 Q Do you know when Endo first observed a
21 problem with injection of Opana in Tennessee?
22 MR. DAVIS: Objection to form.
23 THE WITNESS: I don't.
24 BY MS. HERZFELD:

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1 Q When were you first aware of it?

2 A I don't know.

3 Q Okay. I'm going to hand you what we're

4 going to mark as Munroe Exhibit 49. We can see if

5 this one does not get clawed back.

6 (Munroe Exhibit No. 49 was marked

7 for identification.)

8 BY MS. HERZFELD:

9 Q For the record, it's ENDO-OPIOID_MDL-

10 04060965 through 68.

11 A (Peruses document.)

12 Q Sir, do you recognize this as an e-mail

13 sent from you to Stephen Mock on February 22nd,

14 2017?

15 MR. DAVIS: Hang on, Brian.

16 (Counsel conferring.)

17 MR. DAVIS: Can we go off the record for

18 a second, please?

19 THE VIDEOGRAPHER: Is that okay,

20 Counsel?

21 The time is 7:37 p m. We're going off

22 the record.

23 (Pause in the proceedings.)

24 THE VIDEOGRAPHER: The time is 7:41 p m.

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1 Is it 49 we're talking about now? Do I

2 have the right one in front of me?

3 MS. HERZFELD: 49.

4 You can follow up in a communication

5 after the deposition to let me know if there's an

6 attorney copied on this e-mail or any of the

7 others you've clawed back.

8 BY MS. HERZFELD:

9 Q Okay. I'm going to preserve our right

10 to question you on that e-mail as well, which has

11 been marked as Exhibit 49, subject to where we end

12 up on this work-product argument.

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Page 374

1 We're back on the record.

2 BY MS. HERZFELD:

3 Q Okay. I just handed you a document

4 which your counsel has just removed from you.

5 MR. DAVIS: Yeah, well, again, similar

6 to the last two documents we've clawed back, these

7 are documents that were prepared at the direction

8 of counsel in preparation for the Opana ER AdComs.

9 So we're calling them back as protected by the

10 work-product doctrine.

11 MS. HERZFELD: Okay. And is there an

12 attorney identified anywhere in this e-mail?

13 MR. DAVIS: Again, I'm not going to

14 debate the work-product doctrine with you. I

15 think you, like everyone in the room, understands

16 that an attorney not need be present on a

17 communication for the document to be protected by

18 the work-product doctrine.

19 MS. HERZFELD: I understand that, but my

20 question is, is there anybody on this e-mail

21 that's an attorney? I don't -- I'm just asking

22 that. Do you know?

23 MR. DAVIS: Can I see the e-mail?

24 Do you have Exhibit 49?

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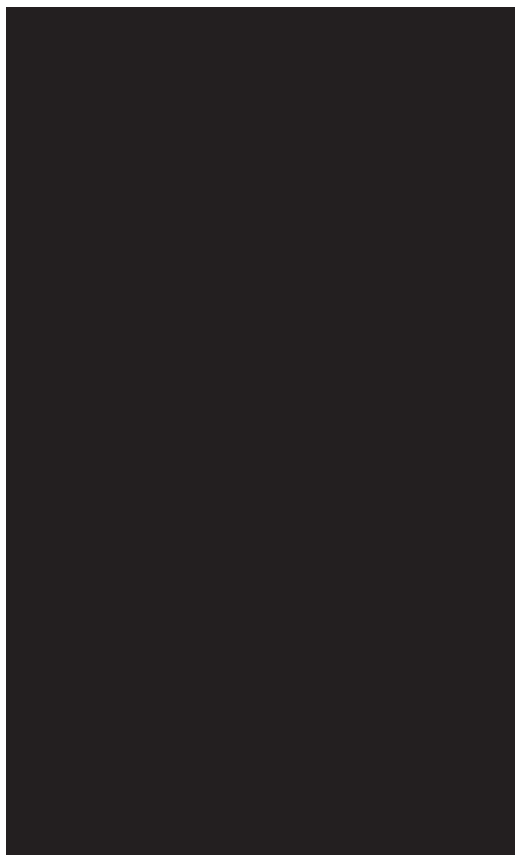
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Q Okay. But ultimately, none of those undertakings or initiatives that were discussed by Endo ended up curbing the opioid abuse rates in Tennessee; is that right?

MR. DAVIS: Objection to form.

THE WITNESS: I -- I'm not aware of the opioid abuse rates in Tennessee.

BY MS. HERZFELD:

Q Okay. Did you hear of the opioid injection -- Opana injection -- strike that.

Did you ever hear that the Opana injection issue in Tennessee ever got solved?

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MR. DAVIS: Objection to form.

THE WITNESS: I -- I did not hear what the situation was after I left as an employee.

BY MS. HERZFELD:

Q What about when you were a consultant?

A No, I -- I never -- I never really -- by that time the company had -- had stopped marketing its opioid products, and they weren't much of a government relations priority.

Q Okay. And you didn't do any follow-up to see how the folks in Tennessee were doing once Opana was pulled from the market.

MR. DAVIS: Objection to form.

THE WITNESS: It wasn't -- my job at -- at Endo as head of government affairs was to communicate the company's positions to elected and appointed officials on those issues that we identified were -- had a benefit to society, public health, or benefit to patients, and also a benefit to Endo. So that's where I spent my time.

BY MS. HERZFELD:

Q And when they didn't have benefits, like people injecting Endo's drug Opana into their veins and then overdosing in Tennessee, did your

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office do anything to follow up on that non-benefit of an Endo opioid product?

MR. DAVIS: Objection to form.

THE WITNESS: I -- I don't want to characterize all of the work that I didn't do. I feel more comfortable characterizing the work that I did do. And that work was at the intersection of public policy issues that had a benefit to society, public health, or the patient, which also had a benefit to Endo.




BY MS. HERZFELD:

Q And did those intersection of public policy issues when you're talking about the benefit to society, public health or the patient, the people that were abusing Opana by injecting it into their veins and then overdosing, did -- was that something you would consider a benefit of Opana?

A Well, I would say --

MR. DAVIS: Objection to form.

THE WITNESS: -- this: That there certainly was not a benefit to Endo, and that we were very concerned about mitigating the abuse and misuse of opioids throughout the United States,

1 including Tennessee.
 2 (Munroe Exhibit No. 50 was marked
 3 for identification.)
 4 BY MS. HERZFELD:
 5 Q Great. I'm going to hand you what we've
 6 marked as Munroe Exhibit 50.
 7 Take a look at that, please.
 8 A (Peruses document.)
 9 MR. DAVIS: Claw this back. These are
 10 draft slides prepared for the Opana ER AdCom that
 11 were prepared at the direction and with the -- the
 12 guidance of legal counsel at the company.
 13 MS. HERZFELD: Okay. We're going to
 14 object to your clawback on this document. So
 15 you're aware, it was not clawed back in a previous
 16 deposition. Okay?
 17 I'm reserving my right to ask a
 18 multitude of questions about this document.
 19 BY MS. HERZFELD:
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 23 MR. DAVIS: If you're going to ask him
 24 questions that are based upon the substance of a

1 Q Have you ever known anyone that's been
 2 addicted to opioids, sir?
 3 MR. DAVIS: Objection to form.
 4 THE WITNESS: I don't recall that I do.
 5 BY MS. HERZFELD:
 6 Q Have you ever met someone who has abused
 7 opioids?
 8 MR. DAVIS: Objection to form.
 9 THE WITNESS: I don't recall that I
 10 do -- that I have.
 11 BY MS. HERZFELD:
 12 Q Okay. Do you -- have you ever visited
 13 with someone who considers themselves to be in
 14 recovery from an abuse to opioids?
 15 MR. DAVIS: Objection to form.
 16 THE WITNESS: I don't recall that I
 17 have.
 18 BY MS. HERZFELD:
 19 Q Have you ever been to Tennessee, sir?
 20 A Yes, I have.
 21 Q Okay. Where have you been?
 22 A Recently with my family, we went to
 23 Pigeon Forge, Tennessee, to the Great Smoky
 24 Mountain National Park and Dollywood.

1 document that we've just clawed back, I'm going to
 2 ask -- instruct Mr. Munroe not to answer.
 3 MS. HERZFELD: I'm just asking if he
 4 recalls saying it.
 5 THE WITNESS: On the advice --
 6 MR. DAVIS: Do you recall saying --
 7 THE WITNESS: On the advice of counsel,
 8 I'm choosing not to answer that question.
 9 BY MS. HERZFELD:
 10 Q Okay. Do you believe that there is an
 11 opioid drug abuse problem in this country?
 12 A I do.
 13 Q Okay. And do you believe that that's a
 14 legitimate problem?
 15 A What do you mean by "legitimate"?
 16 Q Do you believe it's a problem that's
 17 created by the media or do you believe that there
 18 is actually a drug abuse problem?
 19 MR. DAVIS: Objection to form.
 20 THE WITNESS: I think -- I was aware
 21 during my entire employment at Endo, and I am
 22 aware today, of the risk from misuse and abuse of
 23 all opioids.
 24 BY MS. HERZFELD:

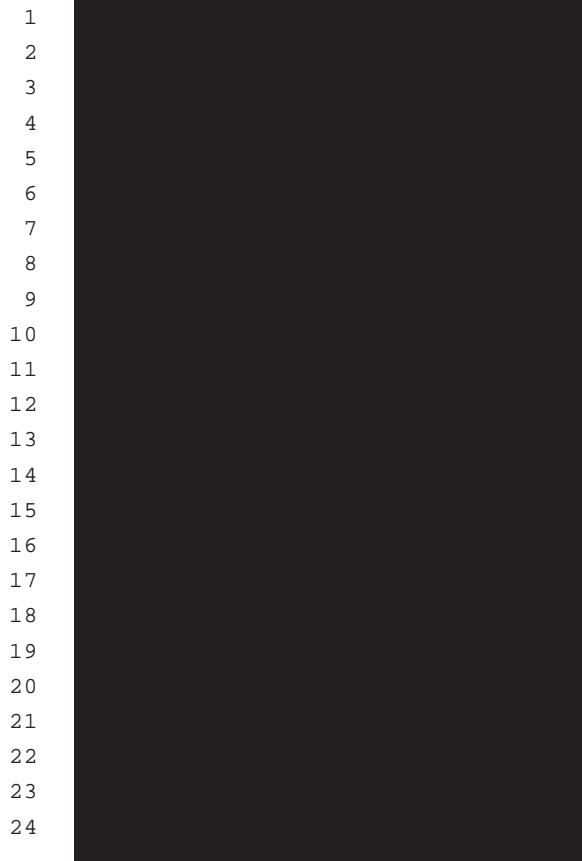
1 Q I hope you enjoyed Dollywood.
 2 A Yes. Thank you.
 3 Q Are you aware that that region of
 4 Tennessee has been particularly hard hit by the
 5 opioid abuse epidemic?
 6 MR. DAVIS: Objection to form.
 7 THE WITNESS: I -- I am aware that --
 8 that Appalachia has been hit and that -- I'm not a
 9 geography expert, but that that part of Tennessee
 10 is -- is known to be part of Appalachia.
 11 BY MS. HERZFELD:
 12 Q Okay. And other than that trip with
 13 your family to Pigeon Forge, have you been to
 14 Tennessee for any other reason professionally?
 15 A I might have been to Tennessee to the
 16 state capital early in my career, because I did a
 17 lot of work in state government affairs, but it
 18 would have been so long ago that I don't recall
 19 the details.
 20 Q Okay. And have you been to any other
 21 city in Tennessee other than Nashville or --
 22 A Not that I recall.
 23 Q Have you ever spoken with any law
 24 enforcement in Tennessee?

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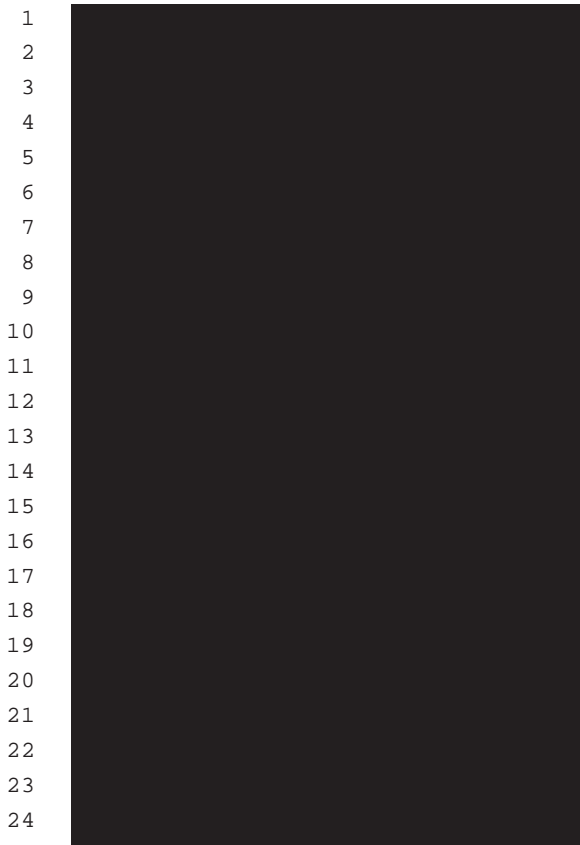
1 A Not that I recall.
2 Q Okay. I'm going to hand you what we're
3 marking as Munroe Exhibit 51.
4 (Munroe Exhibit No. 51 was marked
5 for identification.)
6 BY MS. HERZFELD:
7 Q Sir, do you recognize this as an e-mail
8 with an attached PowerPoint that was sent from
9 your e-mail account on May 30th, 2012, to the
10 people listed in the "to" line?
11 A Yes, I do.



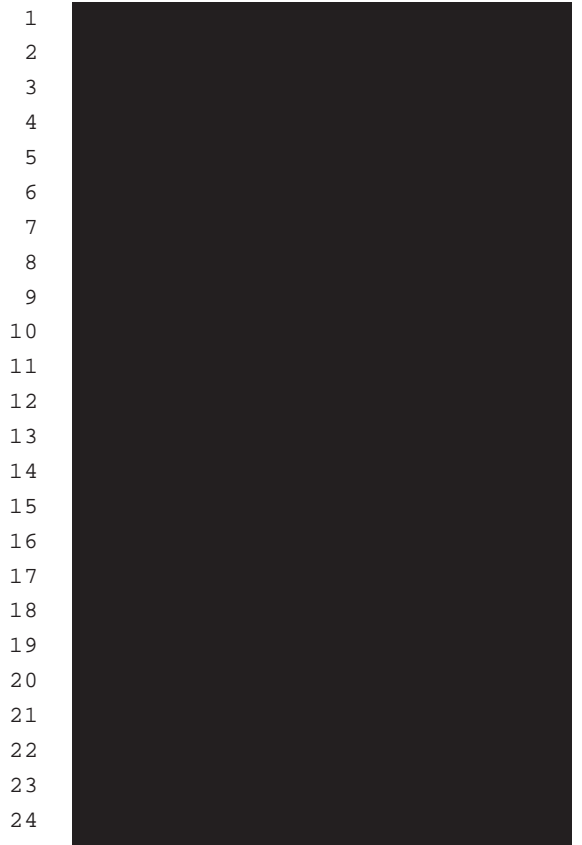
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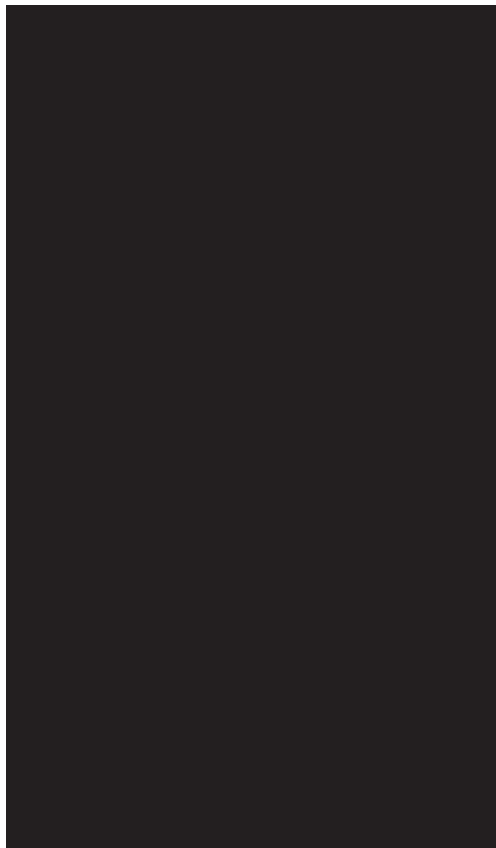


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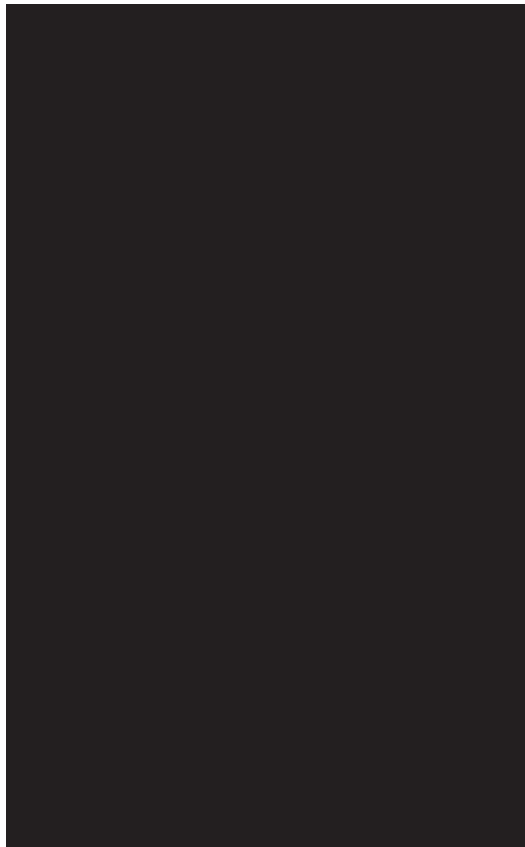
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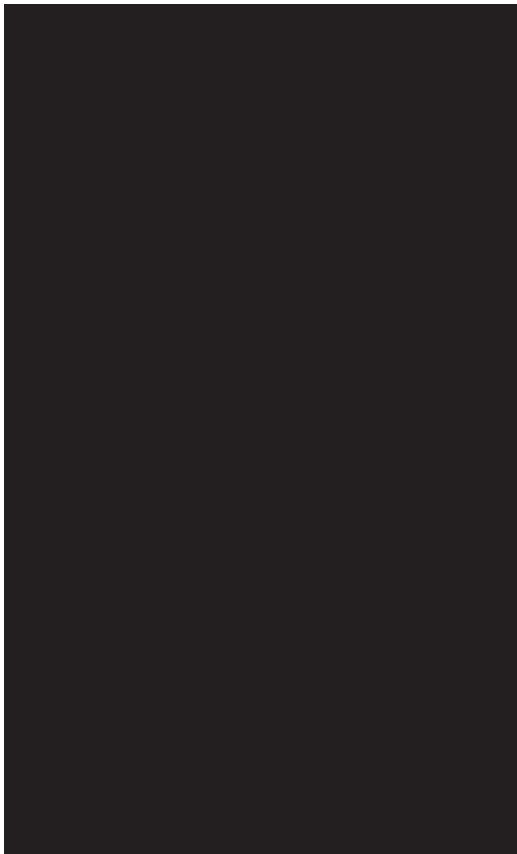
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BY MS. HERZFELD:

Q Okay. But Opana ER reformulated never actually got the abuse-deterrent labeling from the FDA; is that right?

MR. DAVIS: Objection to form.

THE WITNESS: I don't want to speak to the label, but if you do have questions about the label, Bob Barto was our head of regulatory affairs, and he would be able to address those issues for you.

BY MS. HERZFELD:

Q Okay. And I understand you don't want to speak to it, but my question is, do you know if Opana ER reformulated ever received abuse-deterrent labeling?

MR. DAVIS: Objection to form.

THE WITNESS: I really don't want to talk about the label because that's just not something that I have a -- a comfort level with in terms of my area of expertise.

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BY MS. HERZFELD:

Q I understand that, sir, but my question is do you have knowledge. That's -- that's my question. So you're here today --

A I don't recall knowledge --

Q -- because I'm allowed to ask you --

MR. DAVIS: Let her finish the question.

BY MS. HERZFELD:

Q I'm sorry. You don't have any knowledge, is that what you said? I didn't hear you.

MR. DAVIS: Ask him the question again, please.

MS. HERZFELD: Sure.

BY MS. HERZFELD:

Q I'm asking if you have any knowledge if Opana ER reformulated received abuse-deterrent labeling?

MR. DAVIS: Objection to form.

You can answer that.

THE WITNESS: I don't recall any level of knowledge about the answer to that question.

BY MS. HERZFELD:

Q Okay. And do you know if you ever had

1 knowledge of the answer to that question, or you
 2 just don't remember today?
 3 MR. DAVIS: Objection to form.
 4 THE WITNESS: I can't say. I just don't
 5 know.
 6 BY MS. HERZFELD:
 7 Q Okay. Okay. What would be considered a
 8 threat -- a state legislative opportunity that
 9 would be a threat to Endo in regard to opioids?
 10 MR. DAVIS: Objection to form,
 11 foundation.
 12 THE WITNESS: A threat might be an
 13 impediment to a physician's ability to write an
 14 appropriate prescription medicine for an
 15 appropriate patient for an appropriate disease
 16 state.
 17 One of our public policy goals was to
 18 facilitate patient access to appropriate pain care
 19 medications that were deemed appropriate by
 20 physicians.
 21 BY MS. HERZFELD:
 22 Q Okay. And physicians can work at pill
 23 mills; is that right?
 24 MR. DAVIS: Objection to form.

1 contract lobbyist that worked for Candie Phipps.
 2 Q Okay. And why did the company have a
 3 contract lobbyist in Tennessee?
 4 A It would have been to pursue public
 5 policy issues where we believed there was a
 6 benefit to society, public health, or a benefit to
 7 appropriate patient care and a benefit directly to
 8 the patient, and also an intersection with what
 9 was beneficial to Endo.
 10 Q Okay. And who on the lobbying staff's
 11 job would it have been to protect the interests of
 12 those who were being addicted to Opana in
 13 Tennessee?
 14 MR. DAVIS: Objection to form.
 15 THE WITNESS: Our job in -- in
 16 government affairs was to work on -- on those
 17 issues where there was a benefit to society,
 18 public health, or a benefit to the patient, and
 19 where there was an intersection of those
 20 principles with benefits to Endo.
 21 What we didn't work on -- I don't want
 22 to speak to what we didn't work on, because what
 23 we didn't work on was -- was, frankly, infinite
 24 where there were a lot of things we didn't do. I

1 Foundation.
 2 THE WITNESS: I don't know about --
 3 anything about physicians working at pill mills,
 4 actually.
 5 BY MS. HERZFELD:
 6 Q Okay. We talked before about pill
 7 mills. I believe you talked about knowing that
 8 it's a place where people would go to get an
 9 illegitimate prescription; is that right?
 10 A I don't recall what our conversation
 11 was.
 12 Q Oh, okay. Okay then.
 13 Do you recall what, if any, groups
 14 specific in Tennessee you worked with --
 15 MR. DAVIS: Objection.
 16 BY MS. HERZFELD:
 17 Q -- for your lobbying efforts at Endo?
 18 MR. DAVIS: Objection to form.
 19 THE WITNESS: No, I don't recall.
 20 BY MS. HERZFELD:
 21 Q Okay. Did you have a contract lobbyist
 22 in Tennessee?
 23 A I believe at one point the company did
 24 have a contract lobbyist. That would have been a

1 feel totally comfortable describing what we did
 2 do, and -- and those were efforts that I was proud
 3 of.
 4 BY MS. HERZFELD:
 5 Q Okay. And my question is, who, if
 6 anyone, in government affairs was responsible for
 7 looking out for the people who were getting
 8 addicted to Endo's product in Tennessee?
 9 MR. DAVIS: Objection to form,
 10 foundation.
 11 THE WITNESS: We worked on -- I can tell
 12 you what we did work on. I can't speak to the
 13 issues of what we didn't do, but I can speak to
 14 the issues of what we did do. And what we did do
 15 was work on public policy issues where there was a
 16 benefit to society, public health, benefit to
 17 patients, and where those ideals intersected with
 18 the interests of Endo.
 19 MS. HERZFELD: I'm going to move to
 20 strike the answer there.
 21 BY MS. HERZFELD:
 22 Q My question is, was there anyone on the
 23 staff of government affairs whose responsibility
 24 it was to look out for the people who were getting

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1 addicted to Opana in Tennessee?
 2 MR. DAVIS: Objection.
 3 BY MS. HERZFELD:
 4 Q It's a simple question. Was there
 5 somebody or was there not?
 6 MR. DAVIS: Objection to form,
 7 foundation.
 8 THE WITNESS: I believe strongly that
 9 the work we did which was directly related to
 10 public policy issues where there was a benefit to
 11 society, public health or a benefit to patients,
 12 and where those ideals intersected with benefits
 13 to Endo, that we would engage in public policy
 14 activities. I don't want to describe the infinite
 15 number of things we didn't do. I would rather be
 16 forthcoming and tell you what we did do.
 17 BY MS. HERZFELD:
 18 Q Okay. And so you've told me what you
 19 did do, and you've said you don't want to talk
 20 about what you didn't do.
 21 So was there someone in charge of
 22 addiction stuff in Tennessee or was there not?
 23 MR. DAVIS: Objection to form. Asked
 24 and answered.

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1 MS. HERZFELD: Okay. I'm going to move
 2 to strike that as nonresponsive.
 3 BY MS. HERZFELD:
 4 Q What was the name of the person who was
 5 in charge in government affairs of looking out for
 6 people who were addicted to Endo's products?
 7 MR. DAVIS: Objection to form,
 8 foundation.
 9 THE WITNESS: Yeah, I --
 10 BY MS. HERZFELD:
 11 Q Do you have a name?
 12 A I don't remember all the names of the
 13 employees in my department over the years.
 14 Q Okay.
 15 A I can't recite them, you know, off the
 16 cuff.
 17 Q Okay. And would there have been a title
 18 of a person whose job would have included that?
 19 MR. DAVIS: Objection to form.
 20 Foundation.
 21 THE WITNESS: I can tell you that the
 22 people that did work for me in state government
 23 affairs in particular would have worked on public
 24 policy issues where there was a benefit to

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1 THE WITNESS: I think --
 2 MS. HERZFELD: He hasn't answered it.
 3 THE WITNESS: -- I've answered this
 4 question, you know, many times.
 5 BY MS. HERZFELD:
 6 Q You talked about what you did do, and
 7 you talked about what you didn't do. And my
 8 question is simple: Was there somebody assigned
 9 to look out for those interests in Tennessee?
 10 MR. DAVIS: Objection to form, asked and
 11 answered.
 12 THE WITNESS: I can tell you that we did
 13 work on public policy issues --
 14 BY MS. HERZFELD:
 15 Q Okay. I'm going to back up.
 16 A -- where there was a --
 17 MR. DAVIS: Let him finish his answer.
 18 THE WITNESS: -- benefit to society,
 19 public health, and a benefit to patients -- and/or
 20 a benefit to patients.
 21 BY MS. HERZFELD:
 22 Q Okay. How about --
 23 A And where those principles intersected
 24 with the interests of Endo.

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1 society, public health, and a benefit to patients,
 2 and where those principles intersected with
 3 interests of Endo. I can tell you that. That
 4 happened in both state government affairs and in
 5 federal government affairs.
 6 MS. HERZFELD: I'm going to move to
 7 strike that answer as nonresponsive.
 8 BY MS. HERZFELD:
 9 Q I'm going to hand you what we're marking
 10 as Munroe Exhibit 53.
 11 (Munroe Exhibit No. 53 was marked
 12 for identification.)
 13 BY MS. HERZFELD:
 14 Q Okay. This is ENDO-OPIOID_MDL-02795421
 15 and 22, with -- the attachment is 95460 through
 16 66. We didn't print out all of attachments, just
 17 the one that was relevant to Tennessee.
 18 Sir, do you recognize this as an e-mail
 19 sent from you to James Manser?
 20 A I do.
 21 Q Okay. And that's dated June 26, 2014;
 22 is that correct?
 23 A Yes.
 24 Q Okay. And it's forwarding an e-mail

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1 from Alan Must to you, copying Burt Rosen, about
 2 materials distributed for the meetings in
 3 Pennsylvania that day. Is that right?
 4 A That's what this says.
 5 Q And do you know --
 6 A You read that correctly.
 7 Q And it says in the subject, "HR659,
 8 Opioid Addiction Advisory Committee Meeting,
 9 6-26-14."
 10 Did I read that correctly?
 11 A That sounds right.
 12 Q Okay. So if you'll switch with me to
 13 the attachment that says "Joint State Government
 14 Commission, dated June 4th, 2014." Do you see
 15 where I'm at?
 16 A I do.
 17 Q Okay. And then it says, title:
 18 "Prescription for Success: Statewide Strategies
 19 to Prevent and Treat the Prescription Drug Abuse
 20 Epidemic in Tennessee."
 21 Did I read that correctly?
 22 A You did.
 23 Q Okay. And do you know who created this
 24 document?

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1 all, I don't recognize the document.
 2 BY MS. HERZFELD:
 3 Q Okay.
 4 A So I don't know -- I -- on both fronts,
 5 I don't recognize the document, and I don't know
 6 all of the things that Endo did or does to
 7 mitigate the misuse and abuse of opioids.
 8 Q Okay.
 9 A So I wouldn't be able to crosswalk an
 10 answer for you --
 11 Q Okay.
 12 A -- because I don't -- I'm not familiar
 13 with this document, and I'm not familiar with
 14 everything that Endo has done to mitigate the
 15 misuse and abuse of opioids.
 16 Q Okay. Very good. Thank you, sir. You
 17 can put that aside.
 18 Okay. And I think I just have a couple
 19 more questions for you.
 20 I'll mark this as Munroe Exhibit 54.
 21 (Munroe Exhibit No. 54 was marked
 22 for identification.)
 23 BY MS. HERZFELD:
 24 Q This is ENDO-OPIOID_MDL-02791740

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1 A I don't.
 2 Q Do you know where it came from?
 3 A This document does not look familiar to
 4 me, and as -- as the -- the cover e-mail
 5 indicates, this is something that I sent along FYI
 6 to the person who handled state government
 7 relations. And specifically Pennsylvania, that
 8 would be James Manser. So I just forwarded this
 9 along.
 10 Q Okay. And if you just flip through --
 11 A I'm not even sure I read it at the time,
 12 but I don't recall ever seeing it.
 13 Q Okay. If you'll just flip through it --
 14 I don't need you to read every page, but if you'll
 15 just kind of generally flip through it for me. It
 16 talks very specifically about different things
 17 that can be done on -- to combat opioid abuse in
 18 Tennessee.
 19 Do you know if Endo did any of the
 20 things that are recommended in this document?
 21 MR. DAVIS: If you're going to ask him
 22 that question, he's going to do a lot more than
 23 just flip through the document.
 24 THE WITNESS: Well -- well, first of

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1 through 42 with an attachment -- two attachments.
 2 Sir, do you recognize this as an e-mail
 3 sent from Greg Thomas to you and Timothy Byrne?
 4 A I do.
 5 Q Okay. And looking down at the e-mail
 6 that was forwarded to you, does this indicate
 7 that, based on prescription volume for those past
 8 13 weeks leading up to November 13th, 2012, that
 9 Tennessee was number two in the market for
 10 Opana ER?
 11 A Yeah, I'm -- I'm really unfamiliar with
 12 this data.
 13 Q Sure. Well, let's just read the e-mail
 14 that is being forwarded to you.
 15 A Okay.
 16 Q So it says: "Tim and Brian, per our
 17 brief discussion on researching the state
 18 substitution laws, please see e-mail below
 19 regarding the top ten states for Opana. Look
 20 forward to discussing moving ahead on this
 21 project. Greg."
 22 Did I read that correctly?
 23 A You did.
 24 Q Do you know what the project is he's

1 referring to?

2 A I don't.

3 Q Okay. Do you know if you were working
4 on state substitution laws in some states?

5 A That -- that sounds familiar, but I -- I
6 don't recall the details of it.

7 Q And when I say "state substitution
8 laws," what do you -- what do you take that to
9 mean?

10 A We believed that having generic versions
11 of Opana ER on the market at the same time that
12 the new formulation was on the market would
13 undermine the ability of Opana ER new formulation
14 to reach its full potential in the mitigation of
15 misuse and abuse.

16 Q Okay. And that mitigation, the intended
17 mitigation of Opana ER reformulated didn't work so
18 well in Tennessee because they continued injecting
19 Opana ER; is that right?

20 MR. DAVIS: Objection to form.

21 THE WITNESS: I --

22 MR. DAVIS: Foundation.

23 THE WITNESS: I don't want to speak to
24 the particular drug abuse issues in Tennessee

1 because I'm just not knowledgeable about them. I
2 did become aware of them when there were
3 discussions that happened at the company.

4 BY MS. HERZFELD:

5 Q Okay.

6 A And I -- I did read about them in the
7 press.

8 Q Okay.

9 A So I have a -- a high level of
10 familiarity with them, but I don't know about
11 the -- the Tennessee prescription drug abuse
12 problems in particular, so I would like to limit
13 my remarks.

14 But I would refer you to Dr. Neil
15 Shusterman, our chief medical officer at the time,
16 who is very expert in these issues and could
17 probably answer your questions.

18 Q Okay. And looking down at the e-mail
19 that was forwarded to you, it says: "Hi, Greg, I
20 have attached a spreadsheet containing IMS Xponent
21 level data for the current 13-week period as of
22 10/26/12."

23 Did I read that correctly?

24 A I'm just paying attention to this for

1 the first time in my recollection, so I -- like I
2 said, I don't recall this at all. But, yeah, I
3 think you read that correctly.

4 Q Okay. And my question is very simple.
5 So Rowan D'Annibale, in Rowan's e-mail to Greg
6 Thomas, identifies Tennessee as one of the top ten
7 states for Opana ER, according to this e-mail; is
8 that right?

9 A That's what this e-mail indicates, I
10 believe.

11 Q Okay. Thank you, sir.

12 Okay, this is my last one. We will mark
13 this as Munroe Exhibit 55.

14 (Munroe Exhibit No. 55 was marked
15 for identification.)

16 BY MS. HERZFELD:

17 Q It's EPI001106854 through 856 with an
18 attached PowerPoint.

19 Sir, do you recognize this as an e-mail
20 sent from Greg Thomas to Timothy Byrne and you,
21 copying a bunch of people?

22 A Yes, I do.

23 Q And the date on this e-mail is
24 November 13th, 2012; is that correct?

1 A That's what this says.

2 Q Okay. And then Greg is passing along
3 information to you and Timothy as an FYI; is that
4 right?

5 A That's what this says.

6 Q Okay. Do you recall reading this
7 e-mail?

8 A I don't.

9 Q Okay. If you'll go down with me to the
10 e-mail from Annibale -- or Rowan D'Annibale,
11 which is being forwarded then on from Greg to you,
12 it talks about "Key Insights."

13 Do you see where I'm at?

14 A I do.

15 Q Okay. And so see where it says
16 "oxymorphone HCl"?

17 A I do.

18 Q Could you read that for me, please.

19 A "Oxymorphone HCl ER and contributes 40
20 percent of the TRx volume in the current 13 weeks.
21 The Midwest has also seen the most significant
22 decline in Opana ER volume since the
23 reformulation."

24 Q Okay. Then the next one, "Oxymorphone

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1 HCl."

2 A "ER is geographically concentrated with

3 40 percent of TRx volume coming from four

4 districts - Tennessee, Western PA, Kentucky, Ohio,

5 West Virginia. More than 22 percent of TRx volume

6 is from four Tennessee footprints - East

7 Knoxville, North Knoxville, East Nashville and

8 West Nashville."

9 Q Okay, you can stop right there.

10 Do you know of any specific action that

11 Endo took in response to getting these numbers

12 about the concentration of oxymorphone HCl ER in

13 those districts?

14 MR. DAVIS: Objection to form.

15 THE WITNESS: I'm just looking at this

16 document for the first time.

17 BY MS. HERZFELD:

18 Q Sure.

19 A (Peruses document.)

20 Q My question is pretty simple. Do you

21 know of any activities that Endo took specifically

22 in response to this information about the

23 geographic concentration of prescription volumes

24 in these four footprints for oxymorphone HCl ER?

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1 PHARMACEUTICALS AND PAR

2 BY MR. DAVIS:

3 Q Mr. Munroe, I just have a couple of

4 questions for you that I want to clarify, if I

5 may.

6 Do you recall questioning from the MDL

7 plaintiffs regarding the Pain Care Forum?

8 A I do.

9 Q Do you recall discussion with the MDL

10 plaintiffs regarding the membership of the Pain

11 Care Forum?

12 A I do.

13 Q Do you recall being shown lists of the

14 members of the Pain Care Forum?

15 A I do.

16 Q And are those lists the lists that are

17 attached to Exhibits 12 and 13?

18 A Let me take a quick look.

19 That's 13. Yes.

20 Q And did counsel for the MDL plaintiffs

21 ask you about all of the members of the Pain Care

22 Forum?

23 A No.

24 Q Did -- you can see here, this document

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1 MR. DAVIS: Objection to form.

2 THE WITNESS: I just don't recall seeing

3 this document, so I'm just taking a quick look at

4 it.

5 BY MS. HERZFELD:

6 Q You can take a look at it, that's fine.

7 A (Peruses document.) No.

8 MS. HERZFELD: Okay. I don't have any

9 further questions for you, Mr. Munroe.

10 THE WITNESS: Thank you.

11 MS. HERZFELD: Thank you very much.

12 THE WITNESS: Thank you.

13 MS. HERZFELD: We're standing on our

14 reservation on those various documents that

15 counsel clawed back. So we'll be suspending the

16 deposition at this time pursuant to further

17 litigation on those issues and others.

18 MR. DAVIS: Let's go off.

19 THE VIDEOGRAPHER: The time is 8:33 p m.

20 We're going off the record.

21 (Recess.)

22 THE VIDEOGRAPHER: The time is 8:43 p m.

23 We're back on the record.

24 EXAMINATION BY COUNSEL FOR ENDO

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1 that -- it's Exhibit 14 that the MDL plaintiffs

2 created during that questioning. Do you recall

3 this?

4 A Yes. And that's a very circumscribed

5 limited view of the Pain Care Forum.

6 Q Do you recall being asked questions

7 about patient advocacy organizations and

8 professional societies who were members of the

9 Pain Care Forum?

10 A I -- I remember -- yes, I do remember

11 that question.

12 Q Were there other patient advocacy

13 organizations or professional societies who were

14 members of the Pain Care Forum?

15 A There certainly were, a number of them.

16 Q So let's say there's other -- other

17 organizations.

18 MS. AMINOLROAYA: Objection.

19 BY MR. DAVIS:

20 Q Do you recall whether --

21 MS. AMINOLROAYA: Objection. Please do

22 not mark my exhibit.

23 BY MR. DAVIS:

24 Q Do you recall whether --

1 MS. AMINOLROAYA: Objection.
 2 BY MR. DAVIS:
 3 Q -- whether any of those other
 4 organizations related to nursing?
 5 A Yes. Pain nursing in particular.
 6 Q Okay. How about cancer treatment?
 7 MS. AMINOLROAYA: Objection. This is
 8 plaintiffs' exhibit and -- excuse me. We need to
 9 go off the record. This is my exhibit, and if you
 10 want to mark up this exhibit, you can, but you
 11 need to do it on another copy.
 12 MR. DAVIS: Well, we've already started.
 13 This is an exhibit that you created. I'm just
 14 making it actually complete.
 15 BY MR. DAVIS:
 16 Q Mr. Munroe, do you recall --
 17 MS. AMINOLROAYA: No. Objection.
 18 MR. DAVIS: You've got an objection on
 19 the record.
 20 MS. AMINOLROAYA: I object. You are --
 21 you are altering my exhibit.
 22 MR. DAVIS: Parvin, you got your -- you
 23 got your objection on the record.
 24 BY MR. DAVIS:

1 plaintiffs asking you about companies who were
 2 members of the Pain Care Forum?
 3 A I do.
 4 Q Are these all of the companies that were
 5 members of the Pain Care Forum?
 6 A No, I don't think so.
 7 Q Can you think of any other companies who
 8 were members of the Pain Care Forum?
 9 A Well, one of the big companies that was
 10 a very active member was Boston Scientific, makers
 11 of medical devices. They were not an opioid
 12 company. But there were other companies that were
 13 non-opioid companies that were members of the Pain
 14 Care Forum.
 15 Q Okay. Do you recall any patient
 16 advocacy or professional societies related to
 17 pharmacists --
 18 A I do --
 19 Q -- that were members of the Pain Care
 20 Forum?
 21 A I do, and they were members.
 22 Q Okay. Do you recall, Mr. Munroe, you --
 23 were you a member of the executive committee of
 24 the Pain Care Forum?

1 Q Mr. Munroe, do you recall any patient
 2 advocacy organizations related to cancer
 3 treatment?
 4 A Yes. In particular, the American Cancer
 5 Society, the renowned American Cancer Society.
 6 Q How about patient advocacy organizations
 7 or professional societies related to hospice care?
 8 A Yes. The Hospice and Palliative Care
 9 both were members of the Pain Care Forum.
 10 Q How about pain advocacy organizations or
 11 professional societies related to drug abuse
 12 monitoring?
 13 A Yes. They --
 14 MS. AMINOLROAYA: Objection to the
 15 alteration of the exhibit.
 16 THE WITNESS: They were also members of
 17 the Pain Care Forum. It was a very broad
 18 coalition.
 19 BY MR. DAVIS:
 20 Q How about third-party organizations
 21 related to drug abuse prevention?
 22 A Yes, they were also members of the Pain
 23 Care Forum.
 24 Q Do you recall counsel for the MDL

1 A Yes.
 2 Q As a member of the executive committee
 3 of the Pain Care Forum, do you recall excluding
 4 any organization or company from membership?
 5 A I don't recall excluding any
 6 organization.
 7 Q So not exclusive.
 8 Mr. Munroe, do you recall whether the
 9 Pain Care Forum ever took any policy positions?
 10 A I don't recall them ever taking a policy
 11 position.
 12 Q Mr. Munroe, can you tell me anything
 13 about the agenda of the Pain Care Forum?
 14 A Well, it is --
 15 MS. AMINOLROAYA: Object to form.
 16 THE WITNESS: -- a completely open
 17 agenda, and -- and if you just e-mailed the
 18 moderator the topic that you wanted to -- to place
 19 on the agenda, it went on the agenda.
 20 MR. DAVIS: Great. Thank you,
 21 Mr. Munroe.
 22 THE WITNESS: You're welcome.
 23 THE VIDEOGRAPHER: Off the record.
 24 MS. AMINOLROAYA: Off the record.

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1 THE VIDEOGRAPHER: Okay. The time is
2 8:49 p m. We're going off the record.

3 (Recess.)

4 THE VIDEOGRAPHER: Okay. The time is
5 5:30 -- sorry, 8:56 p m. We're back on the
6 record.

7 MS. AMINOLROAYA: I want to reiterate a
8 standing objection to the defacing of Exhibit 14.
9 We are at Arnold & Porter's offices in Washington,
10 D.C. Mr. Davis could have easily made a copy of
11 the exhibit and marked that one, and instead chose
12 to deface and -- and extricably alter Exhibit 14.
13 And we reserve all rights with respect to that.

14 FURTHER EXAMINATION BY COUNSEL
15 FOR THE MDL PLAINTIFFS

16 BY MS. AMINOLROAYA:

17 Q Mr. Munroe, do you recall testifying
18 that you could not recall excluding any
19 organization from the Pain Care Forum?

20 A I --

21 MR. DAVIS: Objection to form.

22 THE WITNESS: I -- I do recall
23 testifying to that, that I didn't recall.

24 BY MS. AMINOLROAYA:

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1 Q If someone wanted to join the Pain Care
2 Forum, would there be any way for a person to
3 Google the Pain Care Forum and find them?

4 A I don't know. I've never tried to
5 Google the Pain Care Forum.

6 Q Could they look them up in the
7 phonebook?

8 MR. DAVIS: Objection to form.

9 THE WITNESS: They might have been able
10 to Google them. I don't know.

11 BY MS. AMINOLROAYA:

12 Q Does the Pain Care --

13 A I'm not sure I know of anybody who uses
14 a phonebook anymore.

15 Q Could they be looked up on
16 whitepages.com or the businesswhitepages.com?

17 A I don't know. You'd have to try
18 yourself. I've never done that.

19 Q All right. So could someone find out
20 from public sources on the internet about the Pain
21 Care Forum and how to join them?

22 A I don't know. I've never done a -- a
23 search on the internet for the Pain Care Forum.

24 Q And did the Pain Care Forum post their

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1 meeting information publicly anywhere?

2 MR. DAVIS: Objection to form.

3 THE WITNESS: Not to my knowledge.

4 BY MS. AMINOLROAYA:

5 Q Did they post their agendas in a public
6 space for the world to see?

7 MR. DAVIS: Objection to form.

8 THE WITNESS: No, they did not.

9 BY MS. AMINOLROAYA:

10 Q Did they publicize their events in any
11 other way?

12 MR. DAVIS: Objection to form.

13 THE WITNESS: I'm unaware of any other
14 notices for meetings of the Pain Care Forum other
15 than those that -- that came from the e-mail
16 distribution.

17 BY MS. AMINOLROAYA:

18 Q Thank you.

19 And did Will Rowe have a leadership
20 position at the Pain Care Forum?

21 MR. DAVIS: Objection to form.

22 THE WITNESS: I don't know.

23 MR. DAVIS: Foundation.

24 BY MS. AMINOLROAYA:

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1 Q Was Will Rowe a member of the Pain Care
2 Forum?

3 A The American Pain Foundation was a
4 member, and -- and Will was -- was an active
5 member.

6 Q And was the American Pain Foundation an
7 organization that Endo gave millions of dollars
8 to?

9 MR. DAVIS: Objection to form.

10 THE WITNESS: I don't recall the exact
11 amount of money that we gave to the American Pain
12 Foundation.

13 BY MS. AMINOLROAYA:

14 Q But you would agree that the -- Endo's
15 response to the Senate Finance Committee correctly
16 discloses the amount of money or some of the money
17 that Endo gave to the American Pain Foundation?

18 A I could say that -- that we made every
19 attempt to -- to make that an accurate document
20 for Senator Grassley.

21 Q Were many e-mails sent to Pain Care
22 Forum's membership by Mr. Rowe?

23 MR. DAVIS: Objection to form.

24 THE WITNESS: You would have to ask him.

1 BY MS. AMINOLROAYA:
 2 Q Did we look at a number of e-mails today
 3 that came from Mr. Rowe to the Pain Care Forum?
 4 MR. DAVIS: Objection to form.
 5 THE WITNESS: We did look at some.
 6 MS. AMINOLROAYA: Those are all the
 7 questions I have.
 8 THE WITNESS: Thank you.
 9 MR. DAVIS: We're good to go.
 10 THE VIDEOGRAPHER: Okay. The time is
 11 8:59 p m., March 19th, 2019. Going off the
 12 record, concluding the videotaped deposition.
 13 (Whereupon, the deposition of
 14 BRIAN MUNROE was concluded at
 15 8:59 p m.)
 16
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 24

1 INSTRUCTIONS TO WITNESS
 2 Please read your deposition over carefully and
 3 make any necessary corrections. You should state
 4 the reason in the appropriate space on the errata
 5 sheet for any corrections that are made.
 6 After doing so, please sign the errata sheet
 7 and date it.
 8 You are signing same subject to the changes
 9 you have noted on the errata sheet, which will be
 10 attached to your deposition. It is imperative
 11 that you return the original errata sheet to the
 12 deposing attorney within thirty (30) days of
 13 receipt of the deposition transcript by you. If
 14 you fail to do so, the deposition transcript may
 15 be deemed to be accurate and may be used in court.
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1 CERTIFICATE OF CERTIFIED SHORTHAND REPORTER
 2 The undersigned Certified Shorthand Reporter
 3 does hereby certify:
 4 That the foregoing proceeding was taken before
 5 me at the time and place therein set forth, at
 6 which time the witness was duly sworn; That the
 7 testimony of the witness and all objections made
 8 at the time of the examination were recorded
 9 stenographically by me and were thereafter
 10 transcribed, said transcript being a true and
 11 correct copy of my shorthand notes thereof; That
 12 the dismantling of the original transcript will
 13 void the reporter's certificate
 14 In witness thereof, I have subscribed my name
 15 this date: March 22, 2019
 16
 17
 18
 19
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 21
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 24

 LESLIE A TODD, CSR, RPR
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1 ACKNOWLEDGMENT OF DEPONENT
2 I, _____, do hereby
3 certify that I have read the foregoing pages, and
4 that the same is a correct transcription of the
5 answers given by me to the questions therein
6 propounded, except for the corrections or changes
7 in form or substance, if any, noted in the
8 attached Errata Sheet.

9
10 _____
11 BRIAN MUNROE DATE

12
13
14 Subscribed and sworn to
15 before me this
16 ____ day of _____, 20 ____.
17 My commission expires: _____
18 _____
19 Notary Public

20
21
22
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24